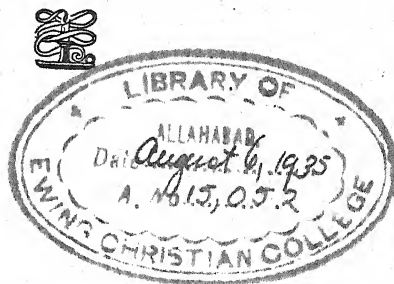


The Successful Physician

By

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PREFACE

Life is a road and Success is the destination.

There are good roads and bad roads, highways and rough wagon paths.

He who keeps on the highway and follows the road signs, reaches the end of the journey quickly and easily. He avoids the bumps and the detours, he saves expense and worry and, when the trip is over, he is happy and contented.

The wise traveler uses a guide book and takes advantage of all the shortcuts. He follows the advice of those who have traveled the road before him and who had to feel their way through uncharted thoroughfares.

A book, such as this, is like a guide book. It points out the way and shows the straightest and best paved road to the goal.

But before the automobilist can use a guide book, he must learn to drive his machine and should know its mechanism. The young medical man, who is about to enter upon his career as a physician, should first be thoroughly familiar with all the theoretic requirements of his calling.

So much has been assumed in the preparation of this book—that the young practitioner is properly prepared to practice medicine; that he is mentally and morally qualified to follow the profession; that he is physically strong enough to meet the exacting conditions and that he is willing to make those sacrifices which make him

worthy of those who are his contemporaries and who have gone before him.

The young doctor should realize one thing above all others, that the conditions confronting him in real life are entirely different from those in college and in the hospital. The student finds everything idealized. All his requirements are met and he lives in a Utopia. He asks and he is given, he seeks and he finds. The character of the people whom he will have to meet; the business side of the profession; the sordid matter of finance and bookkeeping; the stern law applying to physicians and all the other annoying details that are bound to crop up later in life are utterly neglected during the student years. Often, therefore, the young doctor is puzzled and vexed and disappointed, blaming his teachers and feeling that he has been cheated.

The knowledge of medicine is the first essential, of course, in the practice of the medical profession. But it is not all, by any means, and to fill the gap between theory and practice, this book has been written.

It is intended as a guide-book—showing the way and helping the traveler to keep on the right road. It cannot make the blunderer efficient; it cannot make the misfit fit. But this book can, and will, if read carefully and followed wisely, help to avoid the errors that others have made. It is based upon experience, and supplies the information which college text-books lack.

The medical man must be practical and efficient. He must know how to meet the public and how to handle it. He must be familiar with accepted professional methods of practice and follow certain rules of modern life which apply to all activities of society.

To meet these needs this volume has been conceived

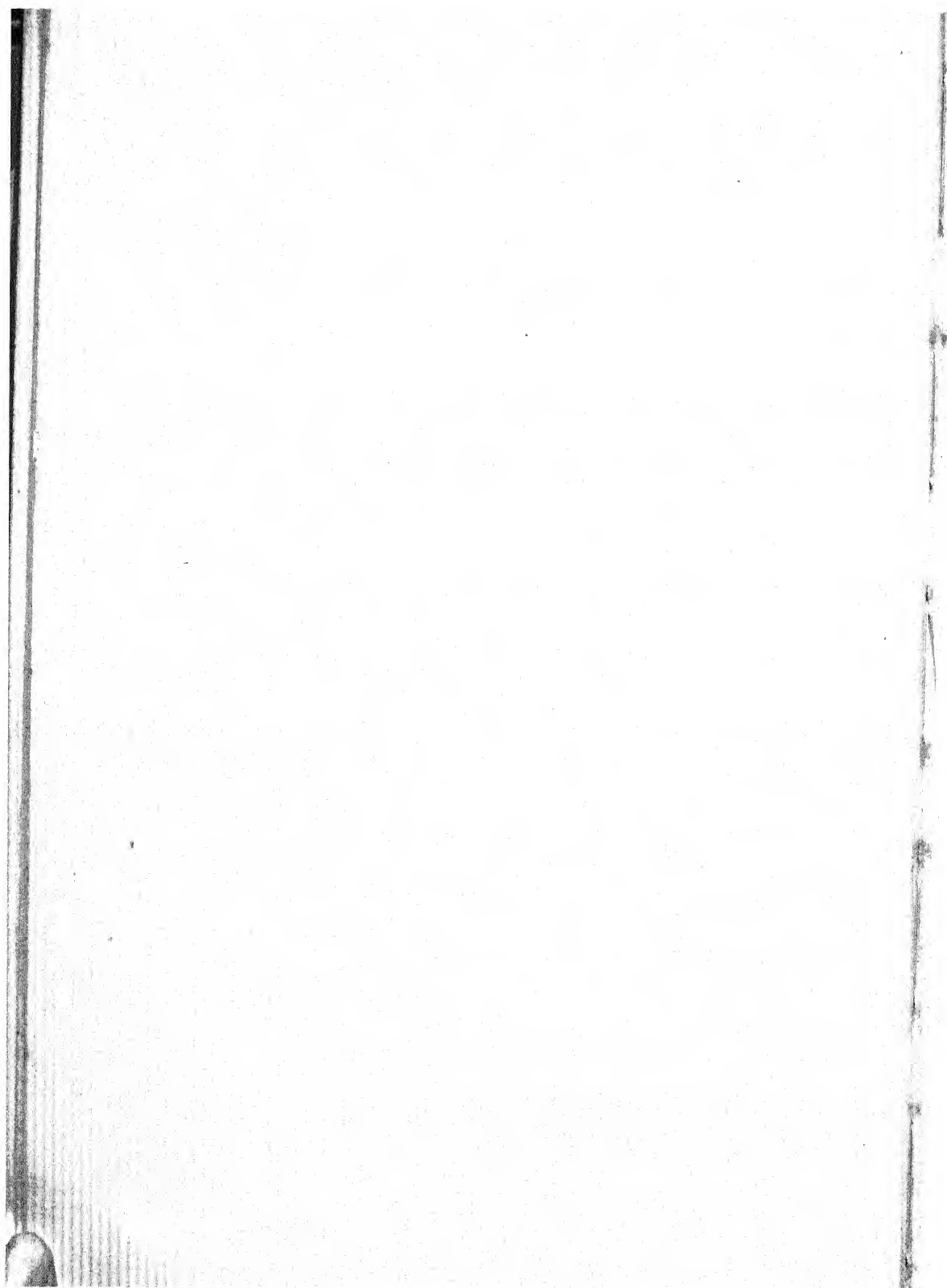
and it is dedicated to the doctor who wants to be a better citizen and valuable member of his community.

I wish to express my sincere appreciation for the valued assistance given by the Superintendents of Nurses of St. Luke's, Franklin, Lane and City Hospitals for the ideas on "The Doctor and the Nurse;" Mr. Clare Walker Banta, Vice President; J. A. Sieberlich, Manager of Service Department and Miss Marian S. Stayner of The Wells Fargo Nevada National Bank, San Francisco, for assistance on "The Doctor and His Investments" and "Statistics of States;" Mr. J. B. Duryea, Manager of San Francisco office, Penn Mutual Life Insurance Co., for the article on "Life Insurance;" Mr. James P. Murphy, Counsel for The Medical Protective Co., Fort Wayne, Ind., for "Malpractice Insurance," and The Rebman Co. of New York for permission to use excerpts from Mr. J. Valentine Mitchell's "The Doctor in Court;" Dr. N. P. Colwell of American Medical Association for Statistics on Doctors, and Mr. S. O. Banks of The McCaskey Co., Alliance, Ohio, for "Office Systems of Accounts and Collections."

I am especially indebted to Mr. Erich Brandeis for his valuable assistance in arranging, editing and revising this work.

V. C. THOMAS, M. D.

SAN FRANCISCO, CALIFORNIA.



CONTENTS

	PAGE
CHAPTER I	
PERSONALITY	11
CHAPTER II	
HOW TO ATTRACT AND HOLD PATIENTS.	41
CHAPTER III	
CHOICE OF LOCATION	65
CHAPTER IV	
HOW TO BECOME FAVORABLY KNOWN IN A LARGE CITY, SMALL CITY, OR A COUNTRY TOWN.	89
CHAPTER V	
CHANGING ABILITY INTO INCOME	98
CHAPTER VI	
THE VARIOUS FORMS OF PRACTICE	115
CHAPTER VII	
OFFICE EQUIPMENT AND MANAGEMENT	138
CHAPTER VIII	
OFFICE SYSTEMS AND ACCOUNTS	156
CHAPTER IX	
THE DOCTOR AND HIS INVESTMENTS	169
CHAPTER X	
THE PHYSICIAN AND THE PHARMACIST—THE PHYSICIAN AND THE HOS- PITAL—THE PHYSICIAN AND THE SPECIAL NURSE.	183
CHAPTER XI	
THE PHYSICIAN AND THE LAW	210

CONTENTS

CHAPTER XII

ETHICS.	232
-----------------	-----

CHAPTER XIII

DEMEANOR IN CRITICAL CASES. STATING THE PROGNOSIS.	261
--	-----

CHAPTER XIV

INSURANCE.	277
--------------------	-----

CHAPTER XV

VACATIONS AND HOBBIES.	283
--------------------------------	-----

CHAPTER XVI

GRIST FROM THE MILL OF EXPERIENCE.	288
--	-----

INDEX	299
-----------------	-----

THE SUCCESSFUL PHYSICIAN

CHAPTER I

PERSONALITY

What is personality?

Webster defines it as "that which constitutes or pertains to a person," and with that sweeping definition says that you, yourself, are your personality.

Personality is absolutely essential to success.

Upon your personality depends the impression that you will make on those you meet, an impression that will influence their desire to have professional or business dealings with you.

It is personality that closes the salesman's contract; it makes a man a good or a bad actor; it sways juries and even inspires love.

Bradstreet, the commercial authority, states that business success or failure is largely a personal matter. Incompetence, inexperience and insufficient capital are responsible for a large percentage of failures, but a lack of personality is one of the most noticeable elements.

Medicine, after all, is a business, for while, true enough, it is also a profession, dollars and cents are as necessary to its pursuit as they are to the operation of a five-and-ten-cent store.

In every business salesmanship is required. In the practice of medicine one cannot advertise nor shout his wares. Personality is one of the doctor's chief assets and

therefore the perusal of the following pages is of vital importance to the physician who wishes to be successful.

WHAT IS PERSONALITY AND HOW CAN IT BE DEVELOPED?

Personality is not a fixed thing, born with you and beyond the reach of your control. It is the reflection of your character and grows as you grow, develops as you develop.

"Your personality is composed of your body and all the ideas you have in your mind. Three great factors influence your personality—your knowledge of, your interest in, and your attitude toward the world."*

Everything that you have experienced since your birth has made some impression on your mind and every change brought about by experience has altered your trend of thought. As this thought develops, your personality develops with you, and hence a strong mind develops a strong personality. "As a man thinketh so is he," and as he is, so is his personality.

You cannot hide your real self from the world. Your personality is the mirror which reflects with cruel faithfulness your true character. You may try to disguise yourself but you cannot. By your personality you will attract or repel.

You should not confound temperament with personality. Temperament is more or less of a permanent nature. You are born with it; it is a heritage. But the development of your personality rests with you, and by constant watching and thought you may make it a valuable asset to yourself.

* Hugo Münsterberg: *Psychology and Industrial Efficiency*. Houghton Mifflin Company, 1913.

While personality is an intangible element, an abstract thing, and cannot be seen under the microscope nor dissected by the operating knife, certain positive elements are a definite part of it and these elements can be analyzed and studied.

SINCERITY

Let us suppose that an aspirant for political honors could convince the people of his absolute sincerity. What a hold he would have upon them—to what heights he could climb! Much of Theodore Roosevelt's political success was due undoubtedly to the fact that he had the general confidence of his constituents, that his personality impressed the observer as being entirely frank and sincere.

Your knowledge of medicine may be extensive. You may have devoted many years of hard and conscientious study to the mastery of your profession. You may have all the technical requirements for a successful physician, but if the people of the community in which you intend to practise do not trust you,—if your personality does not inspire confidence and faith in you,—all your wisdom will be useless and you must struggle along, doomed to failure.

The history of every successful man shows that sincerity is one of his outstanding characteristics. Before you can approach others with sincerity you must be sincere with yourself. You must believe in your profession, in the decency of people, in the world in general. Your outlook on life must be optimistic and you must search for the good even in those whom you consider bad.

Carlyle says—"I should say sincerity, a deep, genuine sincerity, is the first characteristic of all men in any way heroic."

Tillotson writes—"He who is sincere has the easiest task in the world, for, truth being always consistent with itself, he is put to no trouble about his words or actions. It is like traveling in a plain road which is sure to bring you to your journey's end, better than by-ways in which many lose themselves."

If you dedicate your whole being to the cultivation of the virtue of sincerity, no obstacle will keep you from attracting the attention and gaining the devotion of men.

The insincere man lives a life of lies and no lie can long remain undetected. The most notorious criminals live dual lives. They depend for their success upon some form of honest endeavor. Their life is a sham, and they are most frequently caught because in some unguarded moment this sham is disclosed. It is for this moment that the hunters of men look.

You may be able to get along quite well for a time by living a life of lies, but eventually you will be discovered and all that you will have acquired is the contempt of your community. The force of all the elements is against the liar. In the end you will be known for what you really are. Your impure mind, your dissolute habits, the dishonesty of your purpose and your false claims of superior ability will become known some time, and you will be exposed in your real mental and moral nakedness.

If you are inclined to be insincere—and you know it if you are—the remedy lies within yourself. Pitiless self-analysis, absolute discipline of mind and body, complete control of all your mental faculties—that is the treatment which you must prescribe for yourself and adhere to.

Although this may sound simple and appear easy, but you will find that you have set your self a hard task.

Character is not developed at once. It is not born with you, but must be cultivated and cared for like a rare plant.

We live in a world of sham and make-believe. It is every man's ambition to become rich or famous, or both, and he who has not reached his goal wants to appear in the best light. Herein lies the principal danger. Forget appearances: be your real self.

INTEGRITY

To acquire the virtue of sincerity you must be honest. The dishonest person is forced to lie in order to cover his shortcomings. The man of integrity lives in the open; his acts bear the piercing searchlight of closest scrutiny.

In many ways the practice of medicine is a paradox. It has numerous features that are peculiar, and methods which would be considered advisable in business are entirely impossible in this profession.

In most lines of commercial activity the success of salesmen is determined by the volume of business procured. An expert in commercial lines is expected to sell to a customer more than he intended to buy. Commercial firms aim to develop every new opening for their output, and use every known device to create a demand for their products. The most extensive campaigns of advertising and promotion are carried on for this purpose, and widespread publicity is considered a valuable aid in securing business.

The physician works exactly in the opposite direction. His purpose is to cure disease, and, by bending every effort to prevent the spread of sickness, he limits his market. If he is honest, he will seek to cure his patients as quickly as possible and sacrifice money to render service.

This sort of work requires integrity of the highest type. It is not at all difficult for a medical man to make money for a time if he is unscrupulous. There is a class of patients who fall an easy prey to the practitioner who lacks conscience. There are the neurasthenics and those suffering from sexual exhaustion. There are those who have been ill and who refuse to believe that they are cured. There are the women who imagine that they have some private ailment and who can easily be encouraged to believe this to be true. There are those who are readily frightened in an epidemic and those who believe that they have every new disease. There are men and women with guilty consciences who insist that they suffer from blood diseases due to indiscretions. There are the weak, who can quickly be frightened into believing almost anything, and the large family of hypochondriacs and the poor, unfortunate incurables. All of these will come to you. Every one of them may be bled white. Some will insist on being treated even if the physician advises against it. It is easy to lull one's conscience with the solace, "If I do not take his money, some other doctor will." But if you fall into this trap, you will lose that honesty to yourself which you must possess in order to be honest with others. Trickery may secure a successful practice, but it is a poor substitute for integrity. There is no halfway station: you are either honest or dishonest.

In the every-day pursuits of business, honesty is a negative virtue. You will be considered honest if you do not violate the laws; if you do not break your word or do not defraud another of his property or valuables. But in medicine, integrity is decidedly positive. As a physician, you are entrusted with the life and welfare of your patients. In your keeping is often placed the honor of

an entire family. There can be no two forms of honesty in a physician's life. His course must be straight and in spite of all temptations, he must not deviate from it.

You are not expected to go through life without making mistakes, but the man of the highest type will admit his errors and thus earn a reputation for telling the whole and the absolute truth.

This reputation for complete integrity is one of the prime virtues on which your success must rest, and without it you can never hope to endure in your profession. You must give before you can receive. You must help others before good will come to you.

No matter what the incentive for gain or profit may be, your patient's welfare must stand first. He comes to you in the hour of his need, and to fail him would be as great a sin as for a mother to fail the child who places implicit confidence in her.

LOYALTY

It is almost superfluous to enlarge on the value of loyalty to the recent college graduate. This quality has become almost second nature to him, and ever since his early school years the sense of loyalty has been fostered in him. As a child it was loyalty to father and mother—and this loyalty usually lasts through life. In high school it was loyalty to principal and teacher, and in college his particular instructors were the best of all to him. You probably well remember some heated arguments around the fraternity table about the superiority of this or that professor.

However, as life goes on many of our ideals are thrown into the discard of forgotten things, and in many cases loyalty is among them, selfishness taking its place. And

yet loyalty is not only a virtue, but it can be made a valuable asset. Loyalty brings friendship, friendship brings confidence, and confidence brings success.

You should be loyal to the classmates with whom you went through college. They can be of great assistance to you through life, just as you can help and cheer them. The associations you made in your student days should be continued. Your class will be scattered to the four winds, but you will find the keenest pleasure in maintaining relations with your former associates, in taking an interest in their activities, and in turn receiving encouragement from them.

Loyalty to your friends is one of the noblest virtues you may hope to possess. It gives you a sense of security and satisfaction that you cannot win in any other way. If you have friends,—not casual acquaintances who often call themselves friends, but real friends who have been tested through the trials of life,—you may safely assume that you are traveling in the right direction.

You should also be loyal to your employers and to those whom you employ. You should give the best that is in you to those with whom you are associated, and you should give full credit to those who have helped you.

When you begin practice in a new community, do not give the impression that those who come to you are inferior to you. When you hear of another physician who has devised something new, do not try to belittle him or his efforts. Give honor where it is due. If you acquire renown in your chosen profession and are considered an authority, give to others who are just starting the same aid and the same advice that you required when you were a novice. There are men who are incapable of being loyal to any one. They only know their own selfish

desires and their one aim is to make use of every one with whom they come in contact. These men often seem to be successful, and frequently are, in the material sense of the word, but they cannot know true happiness, which does not exist without friendship. It is in the periods of distress which every man experiences that loyal friends prove a blessing, and their mental and moral support is of greater value than financial aid.

There can be no happier moment than that in which you find that your friends have remained loyal to you in time of need, and no disappointment can be greater than to find that those whom you trusted have deserted you when you needed them most. To make loyal friends one must first learn to be loyal to others. Because one man or one woman proves faithless to your confidence should not discourage you. Do not abandon the search; the miner in quest of gold has many failures, but when he finds the precious nuggets he appreciates them so much the more. And so it is with friends. They are not easy to find—if they were, friendship would have no value—but if you do find them, or even one of them, hold on with all your might.

If you wish to obtain a good example of the elemental value of loyalty and friendship, watch a patient who is stricken away from home. Often, in the still of the night, you will see him with his eyes wide open, staring into vacancy, thinking of the places where his friends are, yearning for those who are loyal to him. Or you may hear him sob quietly, filled with fear that he may die while he is alone among strangers. This is the time when you will see that the sense of loyalty is really an elemental thing in the human being, and why you should cultivate it to the best of your ability.

Have you ever noticed how a patient clings to his nurse? She is the one human being who administers to him and gives him those touches of friendship that he needs. It may be paid friendship or it may be that fine sense of duty and loyalty to the cause which, thanks to nature, most nurses possess. Very often, when the physician despairs of his patient's life, the nurse may save him because she supplies that infinite element which eases the patient's mind and makes him susceptible of recovery.

The physician who shows loyalty to and interest in his patients will find that they are more easily cured. Again it is that soothing feeling that you are his friend which makes him yield more readily to your treatment.

Develop loyalty and friendship, and with it that quality of kindness and friendliness which makes life more easy to live and troubles less burdensome to bear.

Your greatest asset is a loyal patient, one who will never think of consulting any other physician; who will recommend you to all his neighbors and friends; one to whom you are all wisdom and goodness combined. He is your only advertising medium; he constitutes the one method of publicity in which you may indulge. Cultivate your loyal patients. No matter how large the circulation of a newspaper or magazine may be, nothing travels so fast as the word of mouth; nothing brings more beneficial results. On the other hand, nothing is so dangerous, so detrimental and destructive, as the wagging tongue. Should one of your patients be disloyal to you—particularly in a small community—should even the least of them condemn you and attack your efficiency, you will soon find that the ripple of gossip and vituperation has become a tidal wave that will sweep away your reputation, your practice, and your name.

GOOD NATURE

No seed produces such prolific flowers as the smile; no investment brings such ample returns as a pleasant countenance.

A cheerful greeting dispels grief; it soothes pain; it spreads happiness. Be good natured and your company will be sought; be grouchy and you will be shunned.

Why is the comic page of a newspaper so popular? Why do motion-picture producers pay the highest prices for comic scenarios, and why are the theatres crowded when humorous plays are billed?

The world is a troublous place. It is full of disappointments and worries. Hence the public pays a high price for good cheer.

I know a man who became leader of the state senate merely because he was good natured. He had no other qualities that made him stand out from the rest, but he could smile; he could clasp a man's hand in a cheerful sort of way and inquire good naturedly about "the wife and children." Every one liked him and was pleased to be in his company.

Human beings are so constituted that likes and dislikes play a very important part in their lives. Not infrequently a disagreeable impression created on first acquaintance can not be dispelled by anything that may occur later. A pleasant countenance and a sincere smile always create a good impression. Every one likes to feel that people are glad to see him. We are more apt to do business with those who appear happy when they are with us than with those of a solemn countenance.

However, good nature should not be confounded with intimacy. While it is good to have many friendly

acquaintances, it is unwise to have too many close friends, particularly when one lives in a small community or when his life is centered in a small circle.

The average person does not care to go to a close friend with his troubles, because he wants his friends to have the very best opinion of him. It is also a well-known fact that if a person knows too much about your private affairs he usually loses some of the confidence and respect that he has if he knows less about you. When a man is well enough acquainted with you to call you "Jim," he will not be so apt to pay you five or ten or twenty dollars for a consultation, partly because you have become much too human to him, and partly because he thinks that since you are his friend, you will give him your advice gratis.

I know of a case where a physician was one of the most popular members of his circle. He was the life of every party; he was invited to dinners and dances and was one of the social lions of the community. When his friends were sick, however, they did not go to him. They would call him up and say "Bill, I don't feel at all well; can you recommend a good doctor?" And since ethics forbid a physician to advertise himself, Bill had to send his friends to his competitors.

On analyzing the situation he came to the conclusion that he was cursed with too many confidants but not enough confidence. Doctor Bill moved to another locality where his personality and good nature stood him in good stead, as they had before. He made many acquaintances but few friends. The result was that he not only built up a large practice in his new environment, but that his old friends, whom he saw less often now, also came to him with their ailments.

Be cheerful with your patients. Leave solemnity to

the undertaker; with him cheerfulness would be in bad taste. Optimism will often do more than medicine to encourage a sick person, and a pleasant smile may be a better remedy than an opiate.

The patient who comes to you may fear that he is very ill but hopes that he is not. He watches your face as you examine him, and while your verdict may be only a matter of routine to you, to him it is a matter of the utmost importance. Therefore, even if you have to tell him unpleasant truths, do not kill his hope.

CONFIDENCE

Each community is made up of leaders and followers. In leaders you will always find that self-confidence is one of the outstanding characteristics.

Self-confidence begets confidence. Before you can expect to lead people you must be sure that you know where you are leading them. But you should not assume a "know-it-all" attitude, and try to impress others with the belief that they know nothing. Self-confidence is not over-confidence, and conceit is as dangerous as inordinate modesty. The successful man is never vain. Achievement never boasts, but it knows and it knows that it knows.

Do not think that all you need is a knowledge of medicine, a large amount of self-confidence, and a shingle to bear your name. All successful physicians to whom I have spoken, had to work hard and climb slowly. They had many a lean month and many a hungry day, but they never lost their courage and confidence in their own ability, and their will power to make good eventually pulled them through. The physician who discovered anesthesia had almost to go down on his

bended knees to induce people to try it, and the surgeon who performed the first operation for removal of the ovaries was jeered and condemned. These men continued to employ their methods in spite of the fact that they knew that the mob was ready to stone them had they failed. They had confidence in themselves and they climbed to the top. Remember you who are about to start to practise, and you who have not yet received the rewards to which you think you are entitled, that the practice of medicine is not a get-rich-quick scheme, but a service to humanity based upon clear-cut knowledge and certain virtues. Each of these virtues must be developed by hard, laborious effort and self-confidence is one of them.

To become a successful physician requires steady, persistent, unremitting labor. Opportunity will not come in to have a chat with you and urge you on. You may have only a fleeting glance at her as she passes by in the crowd. It is your duty to recognize and induce her to stay. To meet that opportunity you need self-confidence. You must be able to say—"I can do the work"—and you must be able to make good your pledge by knowledge and firm belief in yourself. The most depressing spectacle is the man who bears the stamp of failure. Men are out of work not because they cannot find it, but because they do not know how to do it when they secure it. The moment you become discouraged you lose the grip on yourself.

When you make a statement to a patient, show by your word and manner that you have a confidence in your own statements. If you show the slightest sign that you, yourself, do not believe in it, the patient will not take your advice. If you are a hypocrite, your bearing, your eyes, the tone of your voice will betray you. Self-confi-

dence breeds enthusiasm and enthusiasm makes for leadership. Be honest with yourself and then you can be honest with others.

The very thought that you are engaged in a profession which helps those who are in misery should make you self-confident and enthusiastic. To know that you have been able to give comfort and happiness to others should be a source of the greatest happiness to you. And remember that hundreds of physicians have attained eminence by hard work where one has reached the rank of a genius over-night.

When you first begin to practise you may not possess the necessary amount of self-confidence, since you know that you are walking more or less in the dark. Endeavor to overcome the bashfulness of the amateur, and remember that you have been taught by men of knowledge and erudition. Their example should make you confident and spur you on to better efforts.

The best way to acquire self-confidence, which will eventually give you that poise so necessary to a successful physician, is to work diligently, observe keenly, and study industriously. Do not let failure discourage you. After all, so many elements of uncertainty enter into life and the makeup of the human body that even the most skilled physicians are apt to make mistakes. Profit by your failures. Let each error be a teacher and a guide.

ENVIRONMENT

One of the most important tasks confronting you as you are about to enter the practice of medicine is to select the proper environment. A decided advantage is that you are practically your own master in that task.

The medical man must choose his environment wisely, to be successful. Many a good man has failed because he established himself in the wrong place and associated with the wrong people.

Environment is a more potent factor in molding success and character than most persons realize. It is generally conceded by medical men, as well as by the most eminent psychologists, that associations and surroundings often determine the entire makeup of a human being.

"Even the law of heredity—a vague, foggy, uncertain sort of a law, if it may be called a law at all—is influenced by association. Heredity itself is a matter of environment and is always secondary to it," according to Hubbard, "and it is an accepted fact that unless environment is propitious, propagation is impossible. And in heredity, with the sameness of environment, no progress is possible. With the human being it is just as with the plant. The one important factor in the evolution of a plant is environment, and man is merely a movable plant, Burbank contends."*

You must not confound the environment of your earlier years with that of your professional career. The difference is a radical one. During your school years you are placed amid certain surroundings and your associations are more or less thrust upon you. Little is left to your own selection.

In college, away from the influence of home, you had, for the first time, an opportunity to adjust yourself to a different environment, and you probably received your first notion of its importance during those years. You found that conditions there were altogether different from those at home. At first you found it hard to adjust

* Elbert Hubbard, in *The Age of Common Sense*. (Cosmopolitan, 1906.)

yourself to them, but after due time you formed new friendships and acquaintances and soon became accustomed to the new life.

Still the conditions of your college days did not prepare you for that most important part of your life where you had to make your own way and fight your own battle for existence. You were to some extent a "floater," drifting happily with the tide, perhaps depending on your father's money. Now, however, you have to steer your own ship and carve your own destiny. Your own efforts will feed you and clothe you; your ingenuity will determine your success, and every detail of your life must be determined by yourself.

Choose your surroundings wisely. Select your associations deliberately. Do not let sentiment interfere with good sense. The most likable people are not always the most useful people.

Your career will most certainly be molded in a very great measure by the people with whom you associate. Big men will give you big thoughts, whereas small men have petty ideas and little complaints and will tend to hold you down.

Many physicians choose their location without giving sufficient thought to the existing conditions. This particular matter will be discussed later on in this book, and you will be instructed how to select your field of activity correctly.

Just as important as the location itself is the type of people with whom you will become associated in a social way. Aim to analyze your character. Study your weak points and seek to find those traits that should be improved and developed. Then choose the sort of people who are predominant in the characteristics which you lack

and benefit by their strength. Your companions should not all be medical men. To cultivate only those in your own profession will make you narrow minded and tiresome to others. The physician should be a man of the world. He should be versed not only in medicine, but should be a thorough student of human nature and of character. Very often a patient will come to a physician believing that he is ill, while in reality his ailment will be entirely imaginary. Here the physician's knowledge of character is essential, and particularly where women are concerned, the physician can make much better progress by mental application than by any professional treatment that he may administer or any remedy he may prescribe.

To be able to meet all emergencies, you must know all types of people. No human being is so stupid that you may not learn something from him. No man is so wise that he cannot be taught even by a child.

TEMPERAMENT

Temperament is a somewhat inflexible endowment. We come into the world with certain temperament, and with slight modifications we will leave it with precisely the same temperament.

If you realize that your temperament is not what it should be, only the most complete self-control and will power will enable you to overcome the fault. Dunglison defines temperament, medically speaking, as "the peculiar physical and mental character of an individual arising from the relations and proportions between the constituent parts of the body, natural organization of of constitution." In other words, he establishes a distinct connection between mind and body. You know, of course, the age-old maxim, "*Mens sana in corpore sano.*"

This applies in both ways: just as there can be no sound mind in a sick body, so the body can not be sound if the mind is sick. Your temperament should be the safety-valve that equalizes the relation between body and mind and gives you that equilibrium which is absolutely necessary for the successful pursuit of the profession of medicine.

By many years of study psychologists have established the fact that even with the most determined efforts, temperaments can be changed but little. The cheerful nature remains cheerful, while the morose person will continue to shed gloom over his own life and those with whom he comes in contact. The bold will be fearless and the timid will falter. The sly will be crafty and the emotional will always retain the tendency to hysteria. To make the best of your temperament you should study it carefully. You must not strive to attain something for which you are temperamentally unfitted. Mark Twain longed to be a tragedian, and Eddie Foy, the famous vaudeville comedian, would have given all his glory to play the rôle of Hamlet successfully. But both failed utterly in their desires because their temperaments had determined other destinies for them. To be most successful it is better to accentuate temperamental strength than to endeavor to overcome temperamental weakness.

What sort of a temperament have you? Are you independent or dependent? cheerful or melancholic? choleric or phlegmatic? sanguine or morbid? If you are dependent, do not start out on your initiative. You would doubt your own judgment and lack the self-confidence necessary. Associate with someone who is an independent; accept a salary in a hospital or any institution and rise as high as you can. If you are of the dependent

type you may become eminently successful under someone's guidance or you may fail utterly yourself. If you are of the melancholic type, you would never do as a specialist in neurasthenics, and if you are choleric, remain away, as much as possible, from patients who are afflicted with nervous disorders.

MEMORY

The development of the memory is one of the achievements for which all schools and colleges strive. A good memory enables you to store up knowledge, and to withdraw it from your storehouse quickly when you have need for it. It also places you in a position to remember people's names and places, and the circumstance under which you may have met them in practice or socially.

Most persons like to be remembered. It makes a man feel insignificant if he realizes that you have met him but have forgotten him. The faculty for remembering names and faces comes naturally and readily to some, but must be developed through hard application by others. Develop your memory systematically if you are not naturally endowed with this faculty. Take up a course of memory training, and aim to find in each human being you meet a point by which he will become fixed in your mind. You will be surprised at the good effect produced on a patient who has met you casually before if you remember his name and his ailment. He will immediately feel that you are taking an interest in him and that his particular trouble is a matter of importance to you. Patients expect physicians to have unusual mental ability. To most of them the science of medicine is still a deep mystery, and to be successful, a physician must be able

to do things which the ordinary human being is not supposed to do. In large hotels the most valuable clerks are those who can remember names. Nothing so pleases a traveler as to come to a strange town and have the hotel clerk greet him with a pleasant, "Why how do you do, Mr. Smith? I'm awfully glad to see you back again." I know of one young man in San Francisco who rose quickly from the position of information clerk to that of assistant manager just because he had that happy faculty and he knew how to make people feel at home by showing them that they were not forgotten.

It seems almost unnecessary to urge physicians to train their memories systematically, for during all their years of study they were forced to do this to enable them to absorb knowledge. Many physicians do not study after they graduate: the day they are licensed by the state marks the close of their mental attainments. They cease to climb and are satisfied to jog along on the easy mental road. Many young doctors believe that with their diploma further study is needless. They scoff at the idea of studying further and assume the attitude that they would not have been given the coveted M. D. degree if they did not know all there was to know. The successful physicians who leave their mark on the pages of medical history are those who believe in self-training and self-improvement. They study constantly; they read each new book of importance and are ever open for improvement. It is the law of nature that you cannot stand still. Everything moves. You cannot be the same in ten years from now that you are today. You are either going ahead or falling behind. You climb or you fall. Your mind develops or it decays. There are only two terminals on the road of life: success and failure. Your success will depend entirely

on the keenness of your brain, and your brain cannot be keen unless you use it constantly.

As an aid to your memory keep an index of all the people with whom you come in contact professionally. As soon as they have gone, jot down those characteristics that impressed you most. Then when any of them return and are announced to you, look at your index quickly before they are shown in, and use the information that you have previously noted to the best advantage. There is no standard system that can be applied to the training of your memory. Each must find his own method. Some persons remember numbers more easily; others faces or names or places. Some must hear things in order to remember, others see or feel or read them. Find out which is easiest for you and establish that as your method.

LANGUAGE

Most professions and commercial pursuits have a vocabulary of their own and the medical profession is no exception. In fact, there are probably more technical terms in medicine than in any other science or business.

It will be quite natural for you to speak to your patients in medical terms. You may make a very able diagnosis or prognosis or prescribe an excellent treatment that will be entirely clear to you, but to the patient will mean nothing. Talk to your patients in a language that they understand. Remember that to most people Greek and Latin are the same as Chinese. Very few persons are linguists, and if you converse with them in a foreign language they will consider that you are trying to show off. What the patient wants to know most is the nature of his ailment, its cause, how long it will take to cure him,

and how much it will cost. All these things can be expressed in plain English. No one will pay you any more because he does not know what you are talking about.

Use plain and simple English at all times and adjust it to the mental caliber and intelligence of your subject. Study your patient's face. His expression will tell you whether he understands you or whether you are speaking in riddles. The best educated man is the one who can talk the plainest, and say a thing in the fewest words. Comparisons can be used to advantage. If you speak to an automobile mechanic, he may understand you better if you compare his intermittent heart with the missing of one cylinder. If the plumber wants to know why he has a large lump where a fracture occurred, it will be clearer to him if you tell him that that is nature's way of splicing a pipe.

Very often in court expert medical testimony has been worthless because the testifying physician launched upon a tiresome tirade of medical terms that none but he could understand. Remember that juries are not made up of college professors.

"A surgeon of wide reputation recently testified in a damage case. The judge asked him what evidence of injury he found upon examination. The surgeon answered that there was a large ecchymotic tumor accompanied by some extravasation of blood into the surrounding connective tissue and intercellular spaces and extensive ruptures of the dermal and subdermal vessels. 'Oh,' said the judge, 'you mean, Doctor, that the patient had a black eye' and the doctor was laughed out of court."*

* Quoted from E. Valentine Mitchell: "The Doctor in Court" (Rebman Company N. Y.), 1917.

Insist that your patient understand what you mean to convey. Explain your statements to him until you are sure that he knows what you mean. The physician's language should be select and his English should be correct. But whenever there is a choice between a long and a short word, use the latter. Brevity is an indication of brains. Many a mental weakling strives to cover his ignorance by verbosity, but few have succeeded. The development by a pleasant, well-sounding voice should go hand in hand with care in the use of proper language. Sick people are sensitive. They like neither to be shouted at nor to strain their ears to catch a whisper. You have probably noticed how easily women and children are influenced by the modulation of your voice. A gentle voice creates confidence, whereas a harsh, coarse voice repels. The poorer your voice naturally, the greater care you should give toward training it. Here again close self-analysis and will power play important parts. Let me remind you of the famous case of Demosthenes, who was laughed out of his home forum because his voice was an unintelligible mumble. Determined to overcome this handicap, he became within the next ten years one of the world's greatest orators.

DRESS AND PERSONAL APPEARANCE

You are judged by your appearance, and first impressions are always lasting impressions. Strive above all things to be neat. To be a well-dressed man you do not need to be an expensively dressed man. Cleanliness is the important requisite that influences your personal appearance. You should be as clean and scrupulous about your person as you are about your instruments and office.

A neglected appearance deprives you of your self-respect and of the respect of others.

The physician should never overdress. He must maintain a certain degree of dignity which should be emphasized by his dress. The properly dressed man is the one whose clothes attract no attention because they are in such harmony and good taste that they are part of himself.

Avoid cheap finery, flashy neckties, loud shirts or any other eccentricities of dress. Never meet a patient with unshined shoes, unshaven face, unwashed linen or hands. The best form of dress for a physician is that which any successful business or professional man would wear. Follow the advice of a famous stockbroker who said that when your credit becomes poor, see your tailor before you go to your banker. Avoid extremes. Be neither a tramp nor a sport. Proper dress gives you self-confidence, whereas faulty apparel is magnified by you until you believe that the whole world can see it.

BROADMINDEDNESS

The average medical man has a tendency to be narrow-minded. This statement is, perhaps, somewhat blunt, but it is true. One of the reasons for this lies in his training.

Precedent and tradition play important parts in the medical student's education; books and precepts surround him. Just as in law every ruling is based upon authorities, so because the eminent Doctor So-and-so has laid down certain rules and practices, anything that deviates from his theories is looked upon with suspicion. But this very thing would close the door to progress in everything even the professions. Only the men with a

broad vision, the men who look forward and not backward, the men who were willing to try the untried, have aided civilization and helped the world to progress.

The young practitioner takes up his life's work with a handicap dating from his college days. Although he owes much to his Alma Mater, life in the average college breeds clannishness and a certain amount of snobbishness which are bound to influence him unless he is big enough to remould himself when he comes into touch with the outside world.

The broadminded man is willing to give every human being credit for what he aims to do and for what he accomplishes. He is willing to listen to the advice of others and to admit that all the achievement in the world is not centered in himself, his immediate associates, his teachers, and his books.

Many a physician who is exceedingly charitable in his work, who may give poor patients free treatment and medicine and strive to help his fellow beings who are suffering, may, on the other hand, be absolutely hard and uncharitable toward those of his own colleagues who have made a new discovery or have advanced a certain stage of medical science.

The average business man is always willing to learn and to investigate. He would rather lose an hour in listening to an impostor than take a chance on turning away one who may have something worth while.

But the physician likes to assume the "know-it-all" air. Usually the younger and more inexperienced he is the more he thinks he knows. This, however, is a shortcoming which is not peculiar alone to physicians. Youth always has a certain air of cocksureness which only experience can eliminate. Ignorance always likes to

pose as wisdom and many a fool believes that he is a sage. Wisdom is tolerant, knowledge is curious. Stupidity is self-satisfied and narrow-mindedness is arrogant.

I would suggest that if a new discovery is brought before the medical men of a community, they should appoint an unbaised committee, go thoroughly over the ground and approve it or disapprove it. No claim should be condemned until it has been carefully investigated and found to be false.

The function of the physician is, above all, to serve mankind. One cannot serve with selfishness. Self-aggrandisement and self-glorification have nothing to do with usefulness and efficiency. The physician should always forget himself and think only of his patients. It is their welfare to which he has devoted himself and he must sacrifice his own person to serve others.

Your mind should be open and you should be able to disregard the source. Remember that many a now famous man was obscure and unknown when he first started. The best medical writers, the most adroit surgeons, were once struggling students, just as you and I, and only because broadminded people gave them an opportunity and a hearing did they arrive at the front.

HABITS

All human beings are more or less subjects of habits. Vices may become habits just as easily as virtues, and good habits may lead to success just as readily as bad ones may lead to failure.

The physician, exposed to more temptations than men in other walks of life, should avoid anything that may eventually develop into a dangerous habit. Many a brilliant career has been blasted because of pernicious

habits that developed insidiously and made wrecks of strong and vigorous men.

Above all things, the physician should acquire the habit of regularity. Eat regularly, sleep regularly and keep regular hours—so long as you can. When you become successful you will find that no other profession breaks into private life so much as the medical. It is well, therefore, to be absolutely regular until the exigencies of your work require you to yield. You will find that regularity of living will give you a store of vitality and energy on which you will have to draw frequently in your more mature years.

Form the habit of making quick decisions. Your patients expect you to know. They do not want you to guess—they can do that themselves. Did you ever notice the anxious look in a patient's eyes after you have examined him and while he is waiting for your diagnosis? Decide quickly and positively. Never hesitate or doubt your own powers of decision and you will increase the respect of all with whom you come in contact.

Shun drugs of all kinds and beware of forming the drug habit. It is well known that many physicians have become victims of the drug habit due to the intensity of their work and the nervous strain under which they had to perform it. The physician, more than anyone else, knows the soothing effect of drugs, and, while he also knows the danger that lies in their use, he often considers that he is immune. This is a grave mistake. The physician's constitution is no stronger by nature than that of any other man, and if he becomes a slave to the habit, he will sink to the same depths as anyone else.

Remember that opiates give only very temporary relief. If you have worked too hard, if you have lost

sleep, don't forget that lost hours of sleep can be made up only by sleeping. There is no substitute for rest.

If you are ill or in pain, go to bed and call in another physician. If you begin to take self-prescribed pain-relievers, it will be easy for you to develop the habit. I know of a fine physician who had an ulcerated tooth. ? He was too busy to go to a dentist, so he used an opiate and continued to work. He was finally sent to a sanitarium for six months, and became so enfeebled that he had to give up medicine and go into some other vocation. He lost a lifetime of work and savings because he had formed a pernicious habit.

Another eminent physician I knew was located in the cholera section of New Orleans. ? He took a small quantity of opium to check a light case of diarrhea, because he was too busy to take proper care of it. When he came to me he was using fifty grains of morphin and six grains of cocain daily. He had become a wanderer; his money was spent, his practice had gone, and his friends had disappeared. He had become an addict to alcohol and a gambler and was eking out a scant living by soliciting subscriptions for a newspaper.

In these days of prohibition the physician more easily than anyone else, may obtain alcohol and he may also acquire the "good fellow habit" more readily. This habit is another which leads to ruin. Remember that really worthwhile men do not sit around the drinking table. The so-called friends you make with liquor can never be of any use to you. They are never present when you really need them; their friendship is merely a sham. A physician cannot last in his community if he acquires the reputation of being a drinker.

In the matter of habits in general, it is well to realize

that one of the essential things expected of a physician is reliability. He must be known as a man who can be entrusted with the lives of those who are dearest to the members of his community, and he must be able to inspire with absolute confidence those who know him.

Live up to the highest standards and strive to be one of the leaders in your community. Take an active interest in civic affairs and make your influence felt. The physician stands for a certain type of man—the best—and you are one of this profession.

CHAPTER II

HOW TO ATTRACT AND HOLD PATIENTS

In the practice of medicine, just as in any other business or profession, the most important requirement is to build up a sufficiently large clientele to assure one a livelihood. The income derived from such a clientele is, of course, variable, being based entirely upon ability, locality, population, and other circumstances.

There are certain definite rules that must be followed by the physician if he wishes to be successful. These rules are founded upon the same simple, psychologic facts that apply all through life, although in the medical profession they are intensified because of the very close relations that exist between a physician and his patients.

The physician cannot go out and sell his wares. He has no samples to show, no set line of talk, no merchandise to offer. He sells his services, his knowledge, his personality. His salesmanship must be of the subtle kind, and he must always remember that his success is based entirely upon the strength of the tie that binds his patient to him.

No matter how able he may be, no matter how thorough his knowledge of medicine, if he cannot instil confidence, faith and gratitude, into his patient he cannot possibly climb to the top of the ladder.

Belief, confidence, faith and gratitude: the physician may well fix these words firmly in his mind. They are the cornerstones upon which the whole structure rests, and no matter what class, what type, what character of

patient he may have to deal with, without these four principles he cannot retain his clientele.

Commonly speaking, there are four classes of patients, with which the doctor has to deal, and nearly all of them fall into one of these four classes. First, there is the strange patient, who arrives unannounced, unrecommended casually. Second, there is the chronic patient or rounder, who has you on his list among the many whom he consults or has consulted. Third, there is the business client friend, or social friend, and fourth, the old patient who comes back because he had consulted you before and who is satisfied with your services or who has been recommended by some other practitioner.

The patients in these four classes come to you primarily because of a certain amount of belief which they already have in you. This belief may have been caused either by some impression which they have gained themselves or which has been transmitted to them by someone else who knows you. This belief is the foundation on which to build. You must convert it into complete confidence and absolute trust to make your casual patients permanent ones; you must prove to them that their confidence and faith in you are merited and well founded, and lastly, you must earn their gratitude and have them feel that you are the man to whom they may look for their wellbeing. Above all, however, you must have belief in yourself, for without it you will be unable to inspire your patient with the necessary confidence and faith.

CONFIDENCE

To illustrate the absolute necessity of having the full confidence of your patient, let us take the case of a stranger who is seeking a doctor and does not happen

to have one among his friends. He may be a visitor to your city or a newcomer, and his search for medical help will be entirely unprejudiced and based upon nothing but his own observations.

The man of ample means will seek a specialist in an exclusive neighborhood or a high class office building. His past experiences will have convinced him that expert assistance is usually the least expensive in the end, and that the highly skilled physician who obtains the largest fees is generally found amid the best surroundings. The poor man, however, will probably go to a physician who practises in an atmosphere similar to his own, and he will fix the fee that he expects to pay by the appearance and location of the doctor's office. For this reason, if for no other, the selection of your location will have a decided influence upon the character of the clientele that will come to you, and in choosing your offices and in furnishing them you must bear in mind that their appearance often creates or destroys the belief on which confidence is built. The strange patient may select you because he likes the building in which you are located. He may be attracted by the signs on your windows, or, if he has any racial or religious preference, on looking in the building directory your name may bring him to you.

When he walks into your outer office he will again receive important impressions. Is your place well lighted and cheerful, or is it dark and forbidding? Is there about it an odor that is disagreeable? Is it untidy in appearance, or is it neat and fresh and clean? Is it well furnished and is there someone there to greet the patient and make him feel immediately that he will be well taken care of?

A patient usually has in his mind a picture of how a physician's office should look, and while this picture may be hazy and indefinite, he will know instinctively when he enters your office whether he has found a place that appeals to him and agrees with his conception of what a capable physician would have.

If his impression is unfavorable, his confidence in you will be immediately destroyed, and he may leave the office without knowing why, but with the belief that you are not the man in whom he could ever have sufficient faith to intrust his health.

If, on the other hand, the first impression has been favorable and he remains to consult you, you have gained an important point and it is entirely up to you to increase his confidence in you and so become an important and permanent asset to you. The mere fact that he is seeking a medical man shows that he believes in doctors. Therefore, if after he comes to you, you fail to convert this general belief into full confidence, you lose him. The fault is yours, and you must diagnose your own case most carefully and try to remedy the defect.

The patient who seeks you wishes to be relieved of some ailment or cured of some disease. You must be able to convince him that he has come to the right place, where he will find health, and that the end of his troubles is close at hand.

Above all, it is necessary that your personality and your way of going about your business must be of such a character that the patient will be convinced of your ability to relieve him of his ailment.

Sick persons, as a rule, are governed by two conflicting emotions. One is doubt, the other is hope. Without hope no effort toward a cure would be made, and without

belief there would be no confidence. Your first duty is to dispel from your patient's mind any doubt he may have in you and to encourage his hope to the highest point. Your personality must be so strong that he will give himself over to you and do as you wish him to do.

The most certain way to proceed with a new patient, to strengthen this hope and create this confidence, is to listen attentively as he describes his complaint and to make notes as he proceeds with his description. This will give him the impression that you are thorough and are interested in him. Obtain all the details of his case from him before you ascertain his name, residence, family connections, or any other points not necessary to assist you in diagnosing the nature of his ailment. Never mention the fee to be paid, or even ask his name until you have reached the point where he will not question the amount of your fee; this cannot be done until you have gained his absolute faith in your ability and integrity, and until he thoroughly understands the nature of the treatment or service that you will render.

In your first interview you must employ all the medical skill, diplomacy and business tact at your command, and you must also study your patient's character and individuality, his likes and dislikes, and his idiosyncrasies to such an extent that you will be able to appeal to his intelligence.

Your success in the practice of medicine will depend upon how successful you are in influencing your patients in these first interviews, for if your visitor is not pleased the first time, he will not return. *One's entire practice, then, is dependent on pleased first interview patients.*

A very important point is to break down the barrier of strangeness which necessarily exists when a new patient

first visits you. This is best done by showing a real interest in your patient's troubles, by displaying friendliness toward him personally and by being in sympathy with his ailments.

Ascertain his natural leanings, his habits and hobbies, his attitude toward life and his temperament and general makeup. This is usually accomplished by carefully listening to the patient's history of his ailment. If it is not complete, further questioning will bring this out. Look pleasant, be cheerful and affable, and shake hands with your prospective patient, if nature has fitted you for doing this in a convincing way. If you watch every movement of your visitor and every detail connected with him, you may be able to make a sufficiently accurate estimate of his real character during the first interview that will astonish him. You should take in several things at a glance and put them down in your mental card index.

Usually you can determine the environment to which a person is accustomed by the manner in which he acts in your office. At times even the chair he selects or the manner in which he disposes of his hat may indicate to you whether he is a person of refinement or of ill breeding. Clothes usually tell their own story, and often are good indicators as to the type of man you are dealing with.

The manner in which a patient sits down, rises from his chair, or walks, the color of his skin, the tissue of his eyes, and other details tell much to the trained eye and often help in arriving at a quick diagnosis. It is astonishing how favorable an impression it makes on a stranger to tell him some of his symptoms before he has mentioned any of them to the physician, and often this can be done

merely by keen observation. For instance, stiffness of the joints may be evidenced by the manner in which the patient rises. His staggering gait, a careful, slow walk, pain in the joints or limbs or in the back, may indicate spinal disease. If he sits down carefully, the hands supporting the body, he may be suffering from lumbago, sciatica, or abdominal disease. The color of his skin may point to anemia, jaundice, nephritis or syphilis, and the expression of his face may indicate melancholia or liver or kidney disorders.

Form the habit of asking as few questions as possible, and only such questions as will help you to diagnose the case. A physician is generally assumed to be a man of superior knowledge, and it will strengthen your patient's confidence in you if you ask him little and tell him much.

Your first question should generally be—"In what way do you feel sick?" And your second—"How long have you been troubled?" Then let each succeeding question be pertinent to the case, and let the answer give you additional suggestions for asking other questions needful to permit you to arrive at a correct conclusion.

You should always examine your patient thoroughly whenever any needed information could possibly be gleaned by this means, and you will find that the average sufferer expects you to feel his pulse and take his temperature and look at his tongue. After you have examined him, and the circumstances of the case will permit a diagnosis to be made, state the diagnosis and prognosis quickly and precisely. Explain to your patient what the diagnosis means and the entire truth as regards the prognosis. Show him that other similar cases have responded as you have a right to assume that his will respond. Persist in this explanation until it is understood

by the patient, for it will then be accepted and acted on by him.

By the time you have reached the point where you give him the outline of treatment, you must have his confidence to such an extent that he will have absolute faith in you and carry out your directions to the most minute detail. This will generally be done when the facts have been explained to him and the reasons advanced have been accepted by him.

Only if you have made your statements clear to him and your impression on him is so strong that he will follow you with implicit obedience, without questioning or doubt, can you say that you have been successful with him.

FAITH

It is this element of faith, which may also be called trust, that a patient must have in you to be of permanent value to you. This faith is more than the confidence mentioned in the preceding pages. The patient's confidence applies primarily to your ability and knowledge. But faith and trust go much further. Health is the human being's most sacred possession. Before a man or a woman will give this treasure into your keeping, he or she must first be sure that you are worthy of the trust. Therefore it is absolutely necessary for the physician to maintain a reputation for absolute integrity and honesty. He must also be known to be a man of exemplary habits and clean morals. No man will send his daughter to you if he is not absolutely certain that you are to be trusted with her. And no mother will confide in you if she is not sure that you merit her confidence. Certainly without complete confidence many a vital factor in diagnosis will

be withheld; as a result, your treatment will be a failure, and your patient will be lost to some one who can inspire these factors.

Your patients usually feel instinctively whether or not they are safe in your hands. The physician may simulate interest, but he will not be able to keep up the deception very long or pretend an integrity that he does not possess.

One of the best types of patient on whom the value of faith may be demonstrated is the chronic case, also known among physicians as the "rounder." He goes from doctor to doctor, has tried every variety of cure and all sorts of medicine; he does not believe in himself or in anyone else. He is an inveterate cynic, and comes to you in the full expectation that he will be disappointed again. And yet the mere fact that he does come proves that he must have some vestige of belief in doctors, be it ever so slight.

After all, he hopes that someone will cure him. You may be the one, but you can do it only in one way. You must be able to change his frame of mind to such an extent that the doubter will become a believer and the cynic will have implicit faith in you.

The only thing you have to work on with a patient of this sort is his meager belief in doctors and the hope of cure that he has left. From hope you must lead him on to belief; from this to confidence, and finally to faith and trust. Every man has an approachable spot and it is your duty to yourself and to your patient to find this spot.

Question a patient of this type until you see, by the expression on his face, or by some other indication, that you have interested him. If you find that he has softened somewhat toward you, that his attitude has become more pleasant, that he is settling down more comfortably in

his chair and seems to feel more at ease, then you may be reasonably certain that you are beginning to engender confidence in him.

When you finally strike a topic in which he is vitally interested, you may assume that the conversion will be successful and that you are about to break down the barrier of suspicion and antagonism which he has erected between you when he first came to your office. Every individual betrays his emotions in some way, be the betrayal ever so subtle. It might be some slight movement of the eyes, the mouth, the hands, or some inflection in his breathing.

Observe always, and, whenever possible, makes notes of, the result of your observations, so that your patient's mind may be an open book to you when he returns. Once a patient begins to ask questions he is interested, particularly if he seeks to learn more details on some point you have mentioned.

By his questions and by the tone of his voice you can tell whether he is trustful or suspicious, whether he agrees or disagrees with you. A few of the points that are easily touched upon by the judicious physician are hope of cure, improvement of general condition, relief from pain, fear of death or of loss of mind, pride of appearance, prevention of premature senility, loss of the family affection, retention of mental ability, vanity, and the economy of keeping or of regaining health.

Remember that every person that comes to a physician is in need of assistance. Find out what this particular need is, cater to it, and show sympathetic interest for it and you will eventually create in him the faith that you are the man whom he has been seeking and has finally found. When the "rounder" comes to you, you can usually detect

him quite easily. He generally assumes the attitude that he knows more than you do, and while he may not admit that he has consulted other physicians before, you can readily determine this by the many technical terms that he will use when he states his case to you.

To manage this type of patient you have two courses to follow: The first is quite easy and probably the one that others have pursued. You listen to his ramblings for a few minutes, ask some hurried questions, write a perfunctory prescription, and let him go. That will be the end of him, so far as you are concerned, and it will merely mean another disappointment to him.

The other course is difficult, but it may lead to your gaining a loyal friend and a firm believer. If you succeed in converting this type of patient, because of his previous disappointment, he will be more of an asset to you than was the man who came to you with an open mind and was willing to trust you.

This second course consists in giving the patient the utmost care and attention. Take his history most thoroughly; examine him as if your graduation from college depended upon it. By the time this patient comes to you he will manifest so many symptoms, aches and pains that he will consider it a privilege to be permitted to go into the minutest details in regard to himself.

A striking case of this sort came to my attention some time ago. A railroad worker was disabled in a train wreck. He had persistently refused all settlements, although the maximum to which he was entitled under the law had been offered to him. He gave as his reason for refusing the settlement that he had never been given a proper and complete hearing. It was arranged that he should meet the vice-president of the company and the

physician, who would give him all the time he considered fair. He agreed to this and wrote out a story of his accident, giving minute descriptions of every detail of his pains and aches, subsequent operations and treatments. According to his report his injuries were the most horrible ever suffered by human being and his loss and damage were irreparable. The meeting took place, and the laborer was permitted to have his manuscript read in full, which occupied nearly an hour, but while the gruesome experiences were being read the expression on his face was one of extreme contentment, and one could see that he experienced joy in reviving all the memories of the accident. After the reading he was asked a number of questions—all questions that he had been asked before at various times—and altogether the hearing consumed about two hours. At the end a sum of money was offered him, less than at a previous settlement, which he had refused. He accepted and departed with the proud consciousness that he had been victor over the vice-president of the company in which he was only a laborer. This was entirely a matter of psychology, and this same psychology may be applied to the "rounder." Let him revel in the sense of his own importance. Let him bore you with his tiresome narratives but let him have his way.

Do not treat the "rounder" for the same complaints that other physicians did unless you are certain that the diagnosis is correct. They may have rested their diagnosis on the patient's narrative and neglected to examine him carefully. With a careful examination, you may find the real trouble and the underlying cause of his ailment and effect a cure where others have failed.

Your principal task with this patient is to convince him that you can cure him. It will be a hard task, with-

out doubt, for he comes to you with an almost unshakable conviction that he cannot be cured; but, as stated before, there is some very slight hope in him and that is the seed which you must endeavor to help grow.

Show genuine sincerity, earnestness and tact. Do not treat the patient as a crank, but as an interesting case, and direct all your knowledge and attention to him.

Quite often this type of patient will tell you that he will pay you well if you cure him, but that he has had so many unfortunate experiences before that he is not willing to take another chance. The best argument to give to such a man is that you are not a speculator, but a professional man who has spent many years and much money in acquiring the knowledge which you now place at his disposal. You may also tell him that you cannot say to your landlord—"I will pay my rent if my patients pay me for my services." He wants his money on the first of each month, and so do your grocer and your butcher.

The mere fact that a patient objects to your fee is proof that he is lacking in faith and confidence in you and has not been made to understand the difficulties to be encountered in curing his ailment or in giving him the relief he seeks. When you know that the remuneration asked is proper and yet your patient thinks it is too high, it is because you have failed to convince him of your value to him.

When a person argues with you about fees, speak to him of the great value of health, and how much it is worth to him to have it restored or retained for him by you. A good plan is to inquire his age and monthly earning capacity. Let us assume that his age is forty and his earning capacity \$300.00 a month. At forty a man may

expect at least fifteen more productive years. At \$3600 a year that would be \$54,000 for a period of fifteen years. You may say to this man—"Is it not worth a good deal more than what I ask to enable you to earn \$54,000, while, on the other hand, you may be not only incapacitated but a burden to those who feel responsible for you?" As a rule, an argument of this sort will bring the desired result, for the average person understands dollars and cents better than abstract logic.

But remember that any fee will be considered large if your patient does not have absolute faith in you.

GRATITUDE

The supreme emotion for which all physicians strive is the gratitude of their patients. Grateful patients are the greatest asset a doctor can possess, and if he has a sufficiently large number of patients of this type his success is absolutely assured.

The step from faith to gratitude is not a very long one. As a matter of fact, it is a logical step.

It is a wonderful feeling to a sick person to be relieved of his pains and worries and to be restored to health. If a patient comes to a physician and he succeeds in strengthening his belief in him into faith, and if this faith is followed by cure or relief, gratitude is the inevitable result, and it is just as inevitable that this patient will tell his friends and neighbors about his cure and that they will come to the same physician when they are sick. As a matter of fact, usually the cured patient is prone to exaggerate the seriousness of his illness and dwell on the ability of the physician who cured him when everyone else had given him up. It is a daily occurrence to hear people speak of their ailments and of how they have been cured; in

almost every case they seem to take a personal pride in the achievement of their own particular physician.

That is why it so often happens that persons who are strangers to you will come into your office and say that they have been sent by an acquaintance, and you will generally find that this acquaintance is someone whom you have treated and cured. Very often a patient may come to you on the recommendation of someone else without telling you about it. You will usually find, however, in the course of conversation, that this person's visit is due to professional dealings you have had with someone else.

It is not wise to ask a new patient at first how he happened to come to your office. That would be apt to make it appear that you are not accustomed to have patients consult you. Usually newcomers will volunteer this information, but if they fail to do so, you should not make any definite inquiries until later on in your consultation, when more friendly relations have been established.

Never let the fact that a patient comes to you recommended by someone else lead you to be careless or to assume that you will keep such a patient. You should be just as conscientious, if not more so, with this type of case as with any other, for if you show carelessness or indifference he will not only be lost to you, but he will make it a point to notify the friend who sent him and you will have turned a valuable asset into a dangerous liability.

You should also observe the strictest professional attitude toward your acquaintances or friends who may come to you for medical advice. The same elements of confidence, faith and gratitude that apply to strangers must prevail with your friends. They, of course, have a measure of confidence and faith in you or they would not

seek your advice, but often their visits are due more to a certain sense of friendliness which they feel toward you since you are their friend and they are convinced of your ability to cure them.

Often, as a matter of fact, people who know you quite well in a social way are less apt to take you seriously from a professional point of view. They may know too much about you. They may be too well acquainted with your little weaknesses, your habits and hobbies, and your peculiarities. When they come to you professionally, speak as little as possible of your social affairs, but enter directly into professional relations. You will find that this method will bring you ample reward, as you may make a faithful and grateful friend out of a casual acquaintance. No friend is so valuable to you, as a friend whose gratitude you have earned and no one will spread your fame more enthusiastically.

When a man is ill, he may display an entirely different character from what he appeared to have in business, at the club, or on the street. Sickness brings out characteristics which remain hidden when all is well. You will notice fears, antipathies, prejudices, likes and dislikes which you never noticed before. The sick person is closer to his real self than he is at any other time of his life. He is stripped of conventions and traditions, so that only the human side in need of help remains.

Study your friend when he is sick and you will know how to handle him after he gets well. If you can develop gratitude in your patients, you will have much less trouble in obtaining reasonable fees and in collecting them than you would have if they were dissatisfied.

We are all willing to pay for the things that please us, and no price within reason is too large if we receive more

than we bargained for. If the physician not only attends to his patient but shows him that he is really vitally concerned in his welfare, and wants him to remain well after he cures him, then he is sure to have grateful and permanent patients.

It is a common error on the part of physicians to assume that when they have treated a patient once he is their patient for life. There is only one result that will make a transient patient a permanent one, and that is satisfaction.

You may have been recommended as the most skilful physician in the city, but if you do not come up to the patient's expectations and prove to him that you are worthy of this recommendation, then he is lost to you forever. Do not make the mistake of treating minor ailments lightly. If a patient feels that you neglect him when his illness is only a mild one, he will not consult you when he is in serious trouble.

Let it be repeated here that there are three factors which you must always bear in mind and without which you cannot possibly build up a successful practice. These factors are:

Your patient's belief and confidence that you can cure him, and that you can and will use every possible effort toward that end.

His absolute faith in your honesty, sincerity and integrity, and thereby his willingness to follow your orders.

His gratitude for what you have done for him, which will make him return and send others to you.

SELLING YOURSELF

All the details pointed out in the preceding pages are vital elements in the art of professional salesmanship.

To the professional man the thought that he must be a salesman may be odious, but nevertheless it is true. Regardless of vocation, no person can hope to be successful in anything unless he is a good salesman. The merchant must sell his goods; the painter his pictures; the poet must find a market for his verse; the singer must sell his notes to the public, and the minister of the gospel his doctrines to the congregation. The lawyer sells his arguments to the courts and the physician his personality and skill to the patient.

Your hospital experience and your student days do not teach you salesmanship. The patients who came to you in those days were charity patients. You did not have to sell yourself to them. It made little difference to you whether or not they liked you or whether they came back. You could speak to them in any manner you chose and they had to accept, as all paupers must accept, what they received.

You had no consuming or intense personal interest in their life and health. The point that usually concerned you most was how interesting the case was. If the patient recovered and left, he merely made room for another. If he died, no explanation had to be made to interested relatives. You were not compelled to consider what your patient wanted. He took what you gave him—that was all.

But the difference between your intern days and your professional career is as great as that between the clerk selling stamps in the postoffice and the expert salesman who has to create a demand for his goods.

What are the things that you must sell as a physician and how can you sell them? Above all, you must sell yourself to yourself. You must be fully convinced in

your own mind that you have the skill and the knowledge to rise to the top of your profession, and possessed with an intense desire and an indomitable will to achieve this. Such a sincere belief in your own ability and complete earnestness of purpose to assist the patient is bound to be felt by him and will strongly influence him to accept your statements in their entirety. You then develop a strong enough personality to convince patients of what you yourself know. You must possess tact, diplomacy, culture, firmness of purpose, the courage of your conviction, and personal enthusiasm for your profession.

You must have gentleness, sincerity, sympathy, interest, enthusiasm, intelligence and good judgment of sick people. You must be able to lead and direct your patients without being domineering. No patient is a valuable patient unless he gives himself entirely to you and believes in you and trusts you to such an extent that he will follow your suggestions and directions without any question or doubt.

Remember that all human beings are vain and like to receive attention. The women of the United States spent \$750,000,000 for cosmetics last year, which proves plainly that they want to be good looking. Tell a woman that she looks well and she will like you so much the better. One of the most famous gynecologists in America made it a point to study his female patients' pet vanities. If he noticed that a woman used the eyebrow pencil, he would compliment her on her beautiful eyes. If he observed that she took particular pains with her fingernails, he would remark on her unusual hand, and if she was addicted to the lip stick, he would flatter her shapely mouth. Men like to be complimented on their strength or on their mentality. They are glad to hear that they

show evidence of energy, push and success. It does no harm to flatter a little, for everyone likes to hear nice things about oneself.

Bear in mind that most persons would prefer to be what they are not. The short want to be tall; the fat, thin; the weak, strong; the pessimist would rather be an optimist; the tragedian, a comedian; and the man with brawn would prefer to have brains.

On the impression you make on your patient; on the power you have over him, will entirely depend the fee that you may obtain. You will often notice that one physician receives one dollar for a visit whereas another charges ten. The ten dollar physician does not have ten times the ability of the other, but his selling ability, his personality and his business sense will be ten times greater than that of the one who has to accept the smaller fee.

Whenever possible the patient should be given an inkling of just what the fee will be for the services that are to be rendered. This should be done on the first visit. Here the element of salesmanship enters strongly, and every factor in your favor should be used.

A striking case came to my attention not long ago, illustrating how important it is to enlighten your patient in regard to, or at least prepare him for, the cost of consultation and treatment. While this happens to be a dental case, similar instances often occur in the medical profession and the example is therefore pertinent.

A man went to this dentist, who was also his intimate personal friend. He wanted two teeth filled and his teeth cleaned. The dentist asked him if he wanted inlay work and a thorough prophylaxis.

"Yes," said the patient, "I want a good job."

And a good job it was. When the patient looked into the mirror after two or three weeks' treatment, he was astonished.

"You surely have given me fine work, Doctor, and I shall send many of my friends to you."

The patient was satisfied and the dentist was happy. Nothing was said about the cost.

Two weeks later the patient received a bill for \$125 for what he considered was a \$25 job. He almost collapsed. He was absolutely dumbfounded. Then his surprise gave way to anger. He told all his friends about the deal, and they shared his attitude. Some of them said their teeth had been filled for \$5 a tooth and all of them agreed that \$10 was an extremely large fee for cleaning teeth.

Irreparable damage was done. The dentist converted a valued friend and patient into a bitter enemy and critic. All this occurred because a simple, yet vitally important step to every professional man had been entirely neglected. He did not sell himself to the patient; he did not convince him, before the work was done, of its value; he did not explain the difficulty and tediousness of fine inlay work, nor the meaning of "thorough prophylaxis," and he did not prepare the mind of the patient for the probable cost.

This same mistake is being made by professional men literally every day. Many a patient will be retained as a grateful friend if this point is covered in advance. Many a physician would be spared bitter memories of litigation, loss of friends and of practice, by bearing in mind this simple but just and vital point.

While a physician should not be overbearing, he should not be too modest. If you convince your patient, beyond any doubt, that his health is worth more to him than anything under the sun and that you are the man who can

give it to him and maintain it for him, then the limit of your remuneration is determined by the size of his purse.

All these points apply, of course, only to the physician who possesses efficiency and knowledge. No matter how many of the necessary qualifications you may have, if you cannot make your patient grateful to you by the work you do for him, you can never be successful.

In medicine, knowledge is essential to success, but knowledge must not be permitted to remain unobserved. Before you can convert your knowledge into dollars, you must be able to sell it to those who have the money. One may be entirely ethical and still have an eye to business. It is sad but true that often the quack with business ability has made more money than the eminently able physician who lacks the commercial instinct which the world requires today. But in spite of his money, the quack will always be an outcast among his brothers, and, after all, the real success of a physician lies not in the size of his bank account, but in the number of his satisfied and grateful patients. This is what all that has been said has been leading up to. It is the final closing act of the doctor. If he is not able properly to fulfill the final closing act of gratifying the patient, all his other valuable attainments are absolutely worthless. The patient cannot be gratified if he is charged an exorbitant fee for something which he believes was of little value. In other words, *every patient* that comes to you—whether he be a new case, a chronic case, or an old friend—must have some element of salesmanship practiced upon him to make him realize and appreciate that the services you have rendered, or intend to render, are of greater value even than the fee that you exact. In order to make him understand this, the difficulty of his treatment or of his operation, must be made

plain to him, so that he will have a clear conception in his mind of all the labor entailed by the physician in order to prepare himself to give the patient the relief he is seeking.

Having developed in the patient's mind the proper idea of the science and skill that will be used in his behalf, the labor that will be required to effect the relief the patient is seeking, he will naturally be prepared for forming some conception of the fee he will be expected to pay, and the patient, knowing the valuable services he has received, will gladly pay it. For no professional transaction is a success unless both the patient and the doctor are benefited by it.

A physician should never be mercenary, but he should keep in mind that no one can be at his best unless he is free from worry. Nothing will weigh so heavily on the mind as worry over finances, and it may be disastrous if the physician performing an operation is concerned more with an unpaid grocer's bill than with the case under his knife. The doctor, therefore, owes it not only to himself, but to his patients, to place himself in such a position that he will be relieved from these petty and embarrassing cares, for he is absolutely entitled to receive such remuneration as will enable him to devote all his energies and all his thoughts to the service which he is rendering.

The physician must be careful not to try to oversell himself. A sick person wants action and not talk. For conversation a man will go to a lawyer, but from the doctor he wants treatment and results.

LEARN FROM LIFE

The points discussed in this chapter are taught only in one school—the school of life. Psychology, as it must be

applied in daily work, is of an intensely practical nature, and while the student may be perfect in his knowledge of psychological science, he may at the same time be completely lost when he is called upon to use his knowledge. There is no standard by which the human mind can be measured. We may discuss nerves and glands to our heart's content; we may make all the psychological experiments we will, but we will always find that in the human mind there are so many variations, so many twists and turns, so many tricks and surprises, that only the closest individual analysis can produce satisfactory results.

The physician must be an ardent student of human nature. He must always keep in mind that each human being is an individual case and is a type peculiar to himself. There are certain influences to which all men will respond. There are fundamental emotions which recur throughout mankind, but the reactions of the mind are so subtle and the impressions are so strong, that the least error in mind treatment may cause irreparable damage. Every young physician should, therefore, take a thorough post-graduate course in psychology. The classroom of this course is the world. The instructors are all men and women and the text-book is life.

CHAPTER III

CHOICE OF LOCATION

While the choice of your location is but one of the minor steps toward your success, it is of considerable importance to you. It is not a step that will wreck your career should you make a mistake, because many men have made good in spite of great obstacles, but it will help you and make things easier for you to settle in a locality where you will eventually remain.

Hundreds of men have been successful although they may have changed the line of their endeavor when they found that they were better suited for another profession. A change of location may, therefore, not be a very great disadvantage if the physician is made of the right material and if he has utilized his time to gain experience. If each day has been used to strengthen the foundation on which the future is built, then the mere moving from one place to another does not interfere with success.

The limits of what is meant by success are naturally somewhat vague. To some it means the amassing of a large fortune; to others it means fame and power. But no matter what the definition may be, success always consists of achieving that which one sets out to do.

To render service to the sick, to relieve the suffering, to add to human happiness, and to earn the gratitude of satisfied patients, that is real success in the medical profession.

To undertake anything worth while and do it better than the average is what Charles Schwab calls success, and if the career of any successful man is followed, it will always be found that he has done his chosen task better than the less successful man.

Your choice of location will bring you into a certain environment which will help to shape your destiny, as I pointed out in the first chapter of this book. What this environment will be and how it will act upon you can be learned only by actual experience. It is therefore quite likely that the young doctor may have to try several locations before he will find that happiness and contentment which are necessary to a successful career.

No one—in medicine or in any other walk of life—should endeavor to do anything for which he has not the natural inclination and ability. Before you attempt to settle down as a physician you should know exactly what your natural inclinations and latent abilities are. This question should really have been considered before you undertook the study of medicine. Think of the students who went through college with you who were utter failures in medicine and who could have achieved distinction if they had taken up the kind of work to which they were adapted and drawn by natural taste.

Whenever you meet a physician who complains about his profession and declares that it has no opportunities, you may be sure that it is not the profession that is wrong but that he is out of place in it and should have taken up something else.

The fact that you are a practicing physician, ready to settle down to your life's work, proves that you have been successful so far. But it does not mean that you will continue to be successful in your profession. This

you can only be if you find your place in the world and build your future there.

According to the last available reports, of all the business ventures that started with a capital of \$5000 or less, eighty-six per cent failed. Of one hundred students who took up medicine, seventy-five finished and sixty-five actually started the practice of medicine, according to figures supplied by the American Medical Association. Of those who practice, only one in eight has an income sufficient to make him pay an income tax.

Many of the men who dropped out were capable men, and able to take their place among the leaders, but medicine was not their proper calling, and fortunate were they who found this out in time.

It is my purpose to point out to you some of the mistakes that others have made, and to light the road for you if you have made up your mind that it is the right road. But if you are traveling in the wrong direction, if your heart and devotion are not in your profession, then all the assistance, all the books, and all the advice in the world will not make you a successful physician.

Any young man who has the brains and the fixity of purpose to arrive at your present position must be considered as made of excellent mental material. To develop this material to its present state of perfect training was a costly process. If you had to work your way through college you need not be told this—you have painful inside information. But if you know nothing of this you may secure this information very readily from your parents. You know just about what the absolute minimum is for each year, and six years of this will make the investment in your brains alone amount to upward of \$3600, depending on the number of societies and fraterni-

ties you belonged to, on the amount of laboratory fees you extracted from your father, and upon your medical books. If, in addition to this, you consider your time worth at least as much as that of an ordinary clerk at \$100 a month, this would make for six years an additional \$7200. In other words you represent an investment of from \$10,000 to \$20,000 in actual cash.

Having gone so far, why not spend just a few dollars more in a good place and find what your real ability is and along what line you may reasonably expect to receive the best returns on this investment.

Instead of hunting up the names of towns, ascertain the address of a good psychologist and let him diagnose your ability as you would diagnose a disease. Experience along this line in commercial pursuits has been a genuine surprise. Have yourself examined thoroughly, and this will do more to assist you to find yourself than anything else could do. Had the twenty-five students mentioned above who failed to finish done this, the number would have been only a negligible fraction.

Learning from the psychologist what you are fitted for, consider the following points:

1. WHAT YOU WOULD LIKE TO DO AND BE
2. WHAT YOU CAN DO AND BE
3. WHAT WILL GIVE YOU A COMFORTABLE LIVING

The ideal combination is that in which all three are possible and practicable, and when you have found out your capabilities, and considered these in connection with the three essentials, then only have you arrived at the point where you may consider the location where you should make your start.

Knowing these things, having made your final decision

as to what they are to be, select the goal you intend to reach in ten years from now, and start on your journey. After this investigation, and in the light of the information it has given you, determine what you are going to drive for, and let nothing stand in your way.

If you will be guided by this advice, there is only one person in the world who can prevent your success; his address is identical with your own, and you see his likeness each morning when you look into the mirror.

Osler successfully maintained and taught that if one knew the physiology, symptomatology and pathology, each one could devise the proper treatment on the spot. Hubbard makes the same assertion in another way when he said: "Happy is that man who has found his work."

I maintain that if you know your own peculiar abilities and weaknesses, you will know how to use your good points to advantage in the line of your chosen work.

If you have a natural aversion to associating with all sorts of people, as you would be compelled to in general practice, how could you possibly succeed in this field of work? You could not, and yet you might easily be a genius in laboratory research work. Consider the man who frightens young children when he so much as looks at them? They do not like him and he does not like them. But he may be eminently qualified for experimental surgery. So the comparisons could be extended indefinitely, and therefore I repeat:

Every young man should know his own best field of usefulness. There is a saying in law to the effect that "The man who argues his own case has a fool for a client." Unless you know positively where you fit in, does not this same rule apply to one who tries to figure all things out alone?

HOW TO MAKE YOUR CHOICE

Let us assume that you have learned your natural inclination and that you have firmly decided on a certain course, so firmly that there is no chance for any change of mind.

How then will you go about to determine where you intend to settle?

First ask yourself whether you prefer a large or a small city, an agricultural or a farming community, a town or a country practice.

If the large city lures you, consult the census reports and learn which cities have grown fastest in the last few years. These are the ones where you would be most likely to grow as the population increases and the demand for all sorts of human endeavor becomes greater as time goes on.

In cities of medium size you may follow the same rule. Many towns have become cities within a few years and often the opportunities are greatest in communities of this type. Cities with medical colleges seem to attract the largest number of physicians. If you wish to make a place for yourself in a college, such a city is the place for you to go; otherwise keep as far away from it as possible.

To the smaller towns and country places the same rule should be applied as to the large cities; go to that locality which seems to indicate the most healthy growth, that has the most money per capita, and the fewest number of doctors per thousand. You may obtain this information from the U. S. Census reports and from the compiled directory of the American Medical Association.

Be careful of Horace Greeley's advice, "Go West!" So many have followed it that there are more physicians per thousand in the West than in the East.

According to the rate of increase of population and the value per man the best localities are some of the middle western, middle northwestern, southwestern, or southern communities, but not the extreme East nor the extreme West.

Under proper conditions, your home community is a good location. Some of the advantages are rapid growth, a large, favorable acquaintance, the prosperous condition of the residents, or the fact that you may follow in the practice of some member of the family before you. All these are good reasons why you should remain in your home town, but there are many reasons that render this step of questionable value. The people are apt to know you too well and have the memory of you as a lad lingering in their minds. If that is so, they will not want to come to you with the story of their misfortunes and indiscretions.

If you speak a foreign language, it may give you an easy start to go into one of the foreign colonies, of which there are so many in this country. But there are also reasons against this. There is usually marked clannishness in these closed communities, and you may find much antagonism among those who have come before you. To attain eminence you should not confine yourself to a certain limited group of people, but you must be part of the whole people and consider all of them, to achieve prominence in medicine. The outside world will not come to you if you are rated as part of any inner circle.

The old-established cities have periods of growth and of rest. While one section may remain stationary, another may take on a very substantial growth. If you should go into one of these older cities, look for the section that has taken on one of these growing spurts and endeavor to select the most desirable section. The most

desirable corner is usually the northeast corner of a street. While this does not always hold good, it will generally be found that the most successful store or business will be on this corner. If possible, therefore, engage your offices in such a location.

An office at almost any corner is preferable to one in the middle of the block; and endeavor to secure rooms on a shopping street, since this is the place where the women will come. Some professional man has maintained that, if you can get the women to coming to your office, the men will follow.

The residence section is a good location for those who intend to engage in a family and children's practice, or to have only a family practice in general medicine. If you wish to have this form of practice, you should endeavor to occupy the whole house you select, or at least an entire floor. This can be used for your office and your home for a time, but it never seems professional to me to see a home and an office in combination, since you have neither a regular office nor a regular home. When you have your office and home apart, patients cannot come to visit your wife and consult you at the same time, and expect not to pay. If you must have both together, it is better to have the entrance and the exit by separate doors.

Your office should have the best light possible, an ample number of windows, and the signs in the windows and on your door should be of the very best workmanship. Your office should be kept in perfect repair and be well painted.

The signs and the number of your house, on the door or in the window should be so arranged that they may be readily seen and read at night. Some persons remember numbers better than names. Others remember a location

better than names or numbers, and still others recall a name more easily than they do numbers or location. It is your duty to offer each one of these classes something that they may fix in their minds. It often happens that patients who do not need you will not come to you for years. When they do come, it is well to assist them in every way you can.

In all large cities there is a shopping or business center. If you want patients in such districts, get on the best corner of the best street. The expense will be greater, but the number of people who will come to you because of your central location in the best building will also be greater, and it will be so much greater that the added expense will be negligible. It matters not what your monthly expense amounts to if your income is sufficiently large. There are places in the immediate neighborhood of some busy street where one may find a very desirable office, but these places are rare. The safest plan is to go where you know other people go.

In most large cities there are buildings intended for physicians and dentists and the allied professions alone. To those who have some reserve capital or a certain source of revenue each month, this location is the best of all. Do not have your office on a court. Have it on the outside of the building, where you will get the sun and proper light. Some buildings look well on bright days, but on the dark ones will look dismal and dreary. It will be better to spend a month in the city of your choice in looking for the right location than to waste a day in moving later on. Every time you move you can count on losing about fifteen or twenty per cent of your practice; every year you remain in one place is an added asset to you.

We are all creatures of habit. We go through the same processes each morning in dressing, we put the same shoe on first in the same way each morning, and never think anything about it. People are the same about physicians, particularly in large cities. Patients may become more or less dissatisfied with their doctor, but rather than hunt up a new one of whom they know nothing, they will return through habit or through timidity at starting out to find another. Have your office where it is easy to find, easily accessible, convenient to car lines, and you will hold your patients more readily than you will be able to do in some inaccessible place.

The manufacturing centers of the larger, as well as of the smaller, cities are excellent locations for one who intends to go in for emergency and surgical work. Here also you will want to get on a corner near where many men and women pass in going to and from their work.

After finding such a location, it will be your business to get in touch with the owners of the nearby places. You will also find it necessary to obtain the consent of the companies that insure workingmen for you to do the work that may come to you. The men to get in touch with are the owners. If you cannot see them, write to them, telling them of your qualifications for the work of your choice, your fitness, ability and facilities to handle this practice. You should become acquainted with the superintendents, the foremen, the yard bosses, the straw bosses and the men themselves, for although the work may come to you from the bosses, it is also necessary for you to please the men, just as in the home the patient as well as the relatives must be pleased.

To enter the practice of medicine you will need a certain amount of money each month, and if you have no regular

income to provide this, you cannot exist until such time as you have a sufficiently large number of patients to pay expenses. In other words, if you have not a large enough capital, you are going into an enterprise with all the chances against you. Keep this in mind and remember that many capable men have failed because of a shortage of funds, and it has taken them years to recover from the effects of their first failure. And even if you have ample means, it will still be a waiting game unless you are a fortunate genius. That is something which every physician will have to face; it will take years of tireless, conscientious work to build up a career. Only the man who has the will power and the energy to face these years and to work hard can succeed as a physician.

Occasionally in the large cities men have become famous over night and fame and fortune have come to them in a flash. We have heard of the case of the prospector who discovered the gold fields of Nevada when he was looking for a stone to throw at the mule that had kicked him. Such things happen—but they are not subject to calculation and reasoning. They are accidents, and one cannot depend on them for success.

Secure your office location and proceed to meet people. The systematic, steady, and concentrated effort will tell in the end. Where one has made a name for himself over night, a thousand have risen from the ranks by hard work. The methods of meeting the people you want to know and whom you intend to reach will be discussed in a succeeding chapter.

Your time in the office should be limited to a few hours each day, reserving the greater part of it for visiting. You should select office hours in the forenoon, when most of the other physicians are engaged in the hospitals

and on calls. You will find, in the busy section of the large cities, that there are many people seeking a doctor in the early morning hours. The remainder of the day should be given entirely to going about.

For all large and medium sized cities the same directions hold good and should be followed.

The small country town is the natural place of choice for the young man. It gives him an easier, a quicker start—it compels him to do his own work and his own thinking. It allows him time to find himself and to gain confidence in himself and in his work. It permits him to be the one in charge rather than merely an assistant. He has to bear the responsibility of his own acts and there is not that attitude of general criticism one finds in a city; one does not need to be constantly measured by contrast with those who have an established reputation.

People in the country are not so hurried as they are in the city, and for this reason one may go about the careful study of his cases and his work with less feverishness.

For the small country town another method is preferable to follow. It differs only, however, in your office hours. These should be in the afternoon. But no hard and fast rule can be established at first. Attend to people at all times and when ever called. When not engaged in treating patients, your time can most profitably be used in meeting the people of the town and in taking a trip to the country, going each day in a new direction. Do this until you have met, talked with, and know something about all the people that may for any reason come to you. Do not ask them to come to you. All you are to do on these journeys is to make yourself known to them.

In the country one is soon known for what he is rather than for what he pretends to be. The patients one

does have are usually of the substantial sort. If you treat them well, you will have constant friends who will stay with you and on whom you may count, whereas the city patient may remain and he is just as likely to be there for only a few days.

State	Wealth per Capita ¹	State ²	Per Cent of Physicians per Thousand
Iowa.....	\$2904.17	North Dakota.....	0.86
Arizona.....	2603.57	South Carolina.....	0.86
Montana.....	2489.17	North Carolina.....	0.87
Nebraska.....	2062.73	Mississippi.....	0.98
Nevada.....	2159.85	Alabama.....	1.2
North Dakota.....	2646.60	New Jersey.....	1.3
Wyoming.....	2170.83	South Dakota.....	1.3
Minnesota.....	1892.95	Wisconsin.....	1.4
Kansas.....	1832.56	Utah.....	1.10
Illinois.....	1810.40	Virginia.....	1.10
Rhode Island.....	1783.14	Minnesota.....	1.10
Oregon.....	1694.49	Louisiana.....	1.11
Missouri.....	1677.83	Montana.....	1.13
Wisconsin.....	1670.64	Arizona.....	1.14
Idaho.....	1653.68	Delaware.....	1.17
Indiana.....	1505.72	West Virginia.....	1.17
Washington.....	1505.53	Georgia.....	1.18
New York.....	1347.90	Connecticut.....	1.25
Utah.....	1343.44	Michigan.....	1.25
Colorado.....	1323.64	Idaho.....	1.28
Pennsylvania.....	1316.00	Oklahoma.....	1.29
Massachusetts.....	1193.66	Rhode Island.....	1.29
Maryland.....	1188.14	Pennsylvania.....	1.30
California.....	1183.00	Florida.....	1.33
Vermont.....	1156.14	Texas.....	1.33
Florida.....	1145.76	Washington.....	1.33
Texas.....	1138.08	Wyoming.....	1.38
New Mexico.....	1126.73	Kentucky.....	1.38
New Hampshire.....	1078.49	Arkansas.....	1.40
Michigan.....	1069.67	Ohio.....	1.41
Kentucky.....	1043.58	Tennessee.....	1.42
Virginia.....	1041.69	Kansas.....	1.44
Delaware.....	1033.00	Maine.....	1.44
Connecticut.....	1015.81	New Hampshire.....	1.45
New Jersey.....	977.99	Oregon.....	1.46
West Virginia.....	963.97	Iowa.....	1.47
North Carolina.....	800.93	New Mexico.....	1.47
Georgia.....	792.58	Indiana.....	1.52
South Carolina.....	784.65	Nebraska.....	1.52
Louisiana.....	760.68	Massachusetts.....	1.55
Tennessee.....	690.37	New York.....	1.57
Arkansas.....	687.81	Maryland.....	1.63
Maine.....	670.75	Illinois.....	1.64
Oklahoma.....	572.14	Vermont.....	1.69
Mississippi.....	504.48	Missouri.....	1.74
Alabama.....	476.23	Nevada.....	1.91
		Colorado.....	1.94
		California.....	1.97

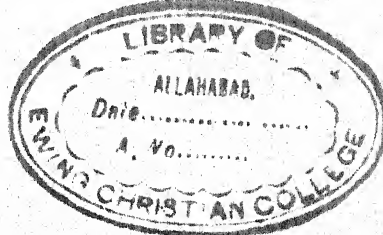
¹ Reported by Chamber of Commerce and Wells Fargo Bank, San Francisco.

² Compiled from 1920 U. S. Census and 1920 Directory A. M. A.

Grand Total Physicians in U. S.—145,608.

Total Population—105,683,118.

Per cent of Physicians per thousand, for U. S., grand average, 1.3777, does not take into account 30,000 Christian Science or 8000 Osteopaths more or less and the other "opothies" and pathies" and "ists," colleges, hospitals, dispensaries, charities and others who care for the sick.



*FIRST 100 CITIES IN U. S. ARRANGED IN THE ORDER OF THEIR
RATE OF GROWTH AND PER CENT OF PHYSICIANS
PER THOUSAND

		Rate of Growth		Per Cent of Physicians per Thousand
1	Tulsa, Okla.....	296.4	¹ Bayonne, N. J.....	0.74
2	Akron, Ohio.....	201.8	¹ Elizabeth, N. J.....	0.75
3	Flint, Mich.....	137.6	¹ Jersey City, N. J.....	0.84
4	Knoxville, Tenn.....	114.1	Duluth, Minn.....	1.02
5	Detroit, Mich.....	113.3	Lawrence, Mass.....	1.06
6	El Paso, Tex.....	97.4	New Bedford, Mass.....	1.06
7	San Diego, Calif.....	88.7	Yonkers, N. Y.....	1.06
8	Los Angeles, Calif.....	80.7	Camden, N. J.....	1.08
9	Houston, Tex.....	75.5	Paterson, N. J.....	1.09
10	Canton, Ohio.....	73.4	Somerville, Mass.....	1.14
11	Dallas, Tex.....	72.6	Lowell, Mass.....	1.15
12	Norfolk, Va.....	71.6	Fall River, Mass.....	1.16
13	Youngstown, Ohio.....	67.4	Canton, Ohio.....	1.16
14	San Antonio, Tex.....	67.0	Trenton, N. J.....	1.17
15	Jacksonville, Fla.....	58.7	Waterbury, Conn.....	1.18
16	Omaha, Neb.....	54.4	Bridgeport, Conn.....	1.21
17	Sioux City, Iowa.....	48.9	Manchester, N. H.....	1.23
18	Des Moines, Iowa.....	46.4	Flint, Mich.....	1.25
19	Springfield, Mass.....	45.8	Wilmington, Del.....	1.27
20	Fort Worth, Tex.....	45.2	Akron, Ohio.....	1.31
21	Toledo, Ohio.....	44.3	Youngstown, Ohio.....	1.31
22	Oakland, Calif.....	44.0	Lynn, Mass.....	1.34
23	Oklahoma, Okla.....	42.1	Schenectady, N. Y.....	1.37
24	Cleveland, Ohio.....	42.1	Newark, N. J.....	1.40
25	Allentown, Pa.....	41.6	Milwaukee, Wis.....	1.43
26	Bridgeport, Conn.....	40.7	South Bend, Ind.....	1.45
27	Erie, Pa.....	40.4	Kansas City, Kans.....	1.45
28	Hartford, Conn.....	39.6	Reading, Pa.....	1.50
29	Bayonne, N. J.....	38.2	Scranton, Pa.....	1.51
30	Wichita, Kans.....	37.5	Allentown, Pa.....	1.51
31	Rochester, N. Y.....	35.6	Worcester, Mass.....	1.53
32	Fort Wayne, Ind.....	35.4	Cambridge, Mass.....	1.54
33	Birmingham, Ala.....	34.8	Cleveland, Ohio.....	1.56
34	Indianapolis, Ind.....	34.5	St. Paul, Minn.....	1.57
35	Richmond, Va.....	34.5	Rochester, N. Y.....	1.57
36	Seattle, Wash.....	32.9	Troy, N. Y.....	1.57
37	South Bend, Ind.....	32.2	Detroit, Mich.....	1.58
38	Washington, D. C.....	32.2	Utica, N. Y.....	1.58
39	Baltimore, Md.....	31.4	Erie, Pa.....	1.58
40	Dayton, Ohio.....	30.9	Savannah, Ga.....	1.59
41	Kansas City, Kans.....	30.6	Minneapolis, Minn.....	1.60
42	Columbus, Ohio.....	30.6	New York City, N. Y.....	1.61
43	Elizabeth, N. J.....	30.3	Tacoma, Wash.....	1.62
44	Atlanta, Ga.....	29.6	Oakland, Calif.....	1.63
45	Savannah, Ga.....	28.0	Evansville, Ind.....	1.64
46	Salt Lake, Utah.....	27.3	New Orleans, La.....	1.67
47	Utica, N. Y.....	26.5	Buffalo, N. Y.....	1.69
48	Minneapolis, Minn.....	26.3	Springfield, Mass.....	1.71
49	Duluth, Minn.....	26.1	Sioux City, Iowa.....	1.75
50	Wilmington, Del.....	26.0	Ft. Wayne, Ind.....	1.75

* Compiled from 1920 U. S. Census and 1920 Directory A. M. A.

¹ Many of the N. Y. City doctors are called to and have their residence in these adjacent places.

Statistical figures and government positions supplied through courtesy of Hon. Julius Kahn, M. C.

FIRST 100 CITIES IN U. S. ARRANGED IN THE ORDER OF THEIR
RATE OF GROWTH AND PER CENT OF PHYSICIANS
PER THOUSAND

		Rate of Growth		Per Cent of Physicians per Thousand
51	Yonkers, N. Y.....	25.5	Birmingham, Ala.....	1.76
52	New Bedford, Mass.....	25.4	Toledo, Ohio.....	1.78
53	Syracuse, N. Y.....	25.1	San Antonio, Tex.....	1.80
54	Waterbury, Conn.....	25.0	Providence, R. I.....	1.85
55	Portland, Ore.....	24.6	Dayton, Ohio.....	1.85
56	Memphis, Tenn.....	23.8	Seattle, Wash.....	1.86
57	Chicago, Ill.....	23.6	Jacksonville, Fla.....	1.89
58	Trenton, N. J.....	23.2	Philadelphia, Pa.....	1.90
59	Worcester, Mass.....	23.1	Richmond, Va.....	1.94
60	Camden, N. J.....	23.0	Baltimore, Md.....	1.94
61	Kansas City, Kans.....	22.9	New Haven, Conn.....	1.95
62	Evansville, Ind.....	22.4	Wichita, Kans.....	1.96
63	Milwaukee, Wis.....	22.3	Grand Rapids, Mich.....	1.98
64	Grand Rapids, Mich.....	22.3	Chicago, Ill.....	1.98
65	Schenectady, N. Y.....	21.8	El Paso, Tex.....	1.99
66	New Haven, Conn.....	21.7	Wilkesbarre, Pa.....	1.99
67	San Francisco, Calif.....	21.5	Des Moines, Iowa.....	2.01
68	Somerville, Mass.....	20.5	Salt Lake, Utah.....	2.02
69	Denver, Colo.....	20.2	Albany, N. Y.....	2.03
70	Buffalo, N. Y.....	19.6	Portland, Ore.....	2.06
71	Newark, N. J.....	19.3	Hartford, Conn.....	2.07
72	Harrisburg, Pa.....	18.3	Syracuse, N. Y.....	2.07
73	New York, N. Y.....	17.9	Spokane, Wash.....	2.08
74	Philadelphia, Pa.....	17.7	Harrisburg, Pa.....	2.09
75	Tacoma, Wash.....	15.8	Pittsburgh, Pa.....	2.10
76	New Orleans, La.....	14.2	Houston, Tex.....	2.11
77	Peoria, Ill.....	13.7	Cincinnati, Ohio.....	2.15
78	Albany, N. Y.....	13.1	Norfolk, Va.....	2.17
79	St. Louis, Mo.....	12.5	Knoxville, Tenn.....	2.22
80	Reading, Pa.....	12.2	Tulsa, Okla.....	2.25
81	Manchester, N. H.....	11.9	Indianapolis, Ind.....	2.26
82	Boston, Mass.....	11.6	St. Louis, Mo.....	2.27
83	Jersey City, N. J.....	11.3	Ft. Worth, Tex.....	2.30
84	Lynn, Mass.....	11.0	Columbus, Ohio.....	2.31
85	Cincinnati, Ohio.....	10.4	Omaha, Neb.....	2.32
86	Pittsburgh, Pa.....	10.2	St. Joseph, Mo.....	2.33
87	Wilkesbarre, Pa.....	10.0	Dallas, Tex.....	2.42
88	Lawrence, Mass.....	9.8	Peoria, Ill.....	2.43
89	St. Paul, Minn.....	9.3	Oklahoma City, Okla.....	2.57
90	Paterson, N. J.....	8.2	San Francisco, Calif.....	2.59
91	Nashville, Tenn.....	7.2	Louisville, Ky.....	2.63
92	Scranton, Pa.....	6.1	Memphis, Tenn.....	2.64
93	Lowell, Mass.....	6.1	Los Angeles, Calif.....	2.75
94	Providence, R. I.....	5.9	Boston, Mass.....	2.80
95	Louisville, Ky.....	4.9	Kansas City, Kans.....	2.84
96	Cambridge, Mass.....	4.6	Atlanta, Ga.....	2.90
97	Fall River, Mass.....	1.0	Nashville, Tenn.....	2.97
98	St. Joseph, Mo.....	0.7	Denver, Colo.....	3.07
99	Spokane, Wash.....	San Diego, Calif.....	3.35
100	Troy, N. Y.....	-6.2	Washington, D. C.....	3.86

THE FASTEST GROWING TOWN OF 10,000 TO 25,000, IN EACH STATE

	Per Cent of Physicians per Thousand	Rate of Growth 1910-1920
Central Falls, R. I.....	0.7	6.2
Kenmore, Ohio.....	0.75	712.5
Berlin, N. H.....	0.8	36.7
Berwyn, Ill.....	0.82	142.3
Woodlawn, Pa.....	0.83	795.1
West Allis, Wis.....	0.84	106.8
Bath, Me.....	1.0	56.8
Gloucester, N. J.....	1.0	28.5
Monroe, Mich.....	1.09	67.9
Belmont, Mass.....	1.10	93.9
Bristol, Conn.....	1.12	116.4
Port Arthur, Tex.....	1.2	190.4
Ilion, N. Y.....	1.4	54.4
Clinton, Ind.....	1.4	76.0
North Platte, Neb.....	1.5	118.4
Astoria, Ore.....	1.7	46.1
Pocatello, Ida.....	1.73	64.7
Jefferson, Mo.....	1.78	22.3
Vancouver, Wash.....	1.8	35.9
La Grange, Ga.....	1.94	205.0
Laurel, Miss.....	2.0	54.0
Helena, Mont.....	2.0	72.9
Alexandria, Va.....	2.0	17.8
Gastonia, N. C.....	2.08	123.5
El Dorado, Kans.....	2.11	251.4
Mason City, Iowa.....	2.15	78.7
Cheyenne, Wyo.....	2.2	323.8
Minot, N. D.....	2.2	69.3
Bessemer, Ala.....	2.2	71.9
Johnson, Tenn.....	2.3	46.3
Fairmont, W. Va.....	2.5	83.8
Ashland, Ky.....	2.5	69.5
Okmulgee, Okla.....	2.6	317.4
Pine Bluff, Ark.....	2.7	27.7
Greeley, Colo.....	2.84	34.0
St. Petersburg, Fla.....	2.85	245.0
Alexandria, La.....	2.98	56.0
Florence, S. C.....	3.0	55.4
Annapolis, Md.....	3.45	30.3
Glendale, Calif.....	3.55	392.9
Burlington, Ver.....	3.6	11.3
Rochester, Minn.....	14.0	14.9

Bristol Town, R. I., 32.8 per cent, Charlottesville, Va., 58.0 per cent, and Roosevelt borough, N. J., 90.9 per cent, fastest growing towns but no statistics of the number of physicians reported. Figures from U. S. Census, 1920, and Directory A. M. A.

Your expenses are lower in the country and your returns more certain. You can rent a home in the country

for a year for what it would cost you in the city for two months.

Because you begin in the country is no reason why you should remain there, unless you choose to do so. The experience you gain and the better demeanor you can cultivate are quite as useful in one place as in another, and if you do not buy property when you have acquired enough experience and the capital to do so you can easily transfer your activities to the city.

These tables show some very interesting facts. There is seen a great concentration of doctors in the large cities—100,000 and up. This concentration becomes more apparent when you compare the number of physicians per thousand for the state as a whole, or a large city in that state. For instance, Maryland has only 1.63 for each thousand, while the City of Washington, D. C., has 3.86.

The East and West Coast cities in which there are universities have a surplus of doctors, while the cities of from five to twenty thousand population in the wealthy states do not appear to have nearly so many physicians.

Obviously the most desirable location to choose is a community with an even distribution of wealth and that has the fewest doctors. By consulting the tables these will be found to be the newer states generally, and those situated away from either coast. Climatic conditions may not be so agreeable as in the Coast States or the social environment may not appear so inviting, but it must be remembered that the young doctor is not seeking a summer resort. He is looking for a likely place in which to start the practice of medicine. And, further, he should not give more than passing consideration to the social side, for he will be occupied with more serious professional matters.

CHOICE OF LOCATIONS*

Positions for Doctors	How Secured	Time Required	Income
Hotels.....	Appointment by manager or owner.	Part time	20¢ to \$1.00 a room a month depending on clientele of hotel 300 rooms and up, best openings.
Apartment houses.....	Same as hotel.	Part time	Same as hotels. Those having less than 150 rooms of little value.
Railroads, chief surg....	Personal effort by application to board of directors, or others. Only given to those who have established reputation.	Time variable	No information available that is definite—two instances 1000 to 10,000 per annum, depending on importance of road.
Railroad staff.....	Same as R. R. or to chief surgeon. Usually middle aged and proved capable.	Time variable	\$600 to \$1500 per year, depending on importance of road.
Division doctors.....	Appointment by chief surgeon.	Time variable	Special arrangement usually includes transportation over the system.
Life insurance company's medical director	Personal application and effort through Gen. Mgr. or directors.	Usually all	Estimation of one to 10,000 companies refuse to specify amount to public.
Chief examiner.....	Appointment by medical director.	Part time	Variable—companies do not permit quotation, average \$1000 to \$3000 per annum. So much an examination.
General examiner.....	Appointment by medical director.	Part time	
Referee.....	Appointment by medical director.	Part time	
Traveling examiner or special investigator....	Appointment by medical director.	Part time	Variable—special arrangements govern each case.
Industrial accident insurance companies: Medical director.....	Application to board of directors. Appointment by medical director.	Part time	\$2000 a year, up—and expenses.
Surgeon, large cities....	Appointment by medical director.	Part time	Depends on size of company, \$100 to \$350 per month up.
Physician.....	Appointment by medical director.	Part time	\$150 per month average or by amount of work done.
Hospitals, private.....	Special appointment by owners.	Usually 8 hrs. daily	Paid by amount of work done. Variable, average \$100 per month and expenses.
Sanatoriums.....	Special appointment by owners	Usually 8 hrs. daily	Variable, average \$75 to \$125 per month and living expenses.
Ocean steamships.....	Appointment by manager.	All	\$25 to \$100 per month and expenses, major portion of salary derived from passengers. Pacific and Orient lines best.
Lumber companies.....	Appointment by owners. Get names from lumber firms or lumber journals.	All time	\$100 to \$150 per month and board.
Mines, chief surgeon....	Appointment by owners or mngrs.	Part time	Chief surgeon large mine \$300 per month up.
Mines, asst. surgeon....	Appointment by owners or mngrs.	Part time	50¢ to \$1.00 per employee per month, or on salary average \$100 to \$150 per month.
Construction companies.	Appointment by manager or owner.	Part time	So much per employee a month or salary \$100 and up with expenses.
Government service: Vocational training.....	Civil service.	All	\$2400 to \$3000. Chief asst.
Placement officer.....	Civil service.	All	\$1500 to \$2400.
Assistant.....	Civil service.	All	\$2400 to \$3000.
Dist. med. officer.....	Civil service.	All	\$1500 to \$2400.
Asst. dist. med. officer..	Civil service.	All	\$1800 to \$3000.
			\$1800 to \$2700.

* Army and Navy information supplied through courtesy of Hon. Julius Kahn, M. C. State positions through the Governor's office, courtesy of Hon. Fred Howes. City positions through courtesy late Charles Forbes, Assistant Secretary, Board of Supervisors, San Francisco.

Positions for Doctors	How Secured	Time Required	Income
Bacteriologist.....	Civil service.	All	\$130 to \$180 per month
Bacteriologist, assistant.	Civil service.	Part time	\$70 to \$90 per month
Bacteriologist, junior....	Civil service.	Part time	\$30 to \$50 per month
Protective social service:			
Director.....	Civil service.	All time	\$3500 to \$4000 per year.
Supervisor.....	Civil service.	Part time	\$800 to \$3600 per year.
Field Asst.....	Civil service.	Part time	\$1800 to \$3600 per year.
Special.....	Civil service.	Part time	\$900 to \$1500 per year.
Public health service....	Civil service.	Part or all	\$480 to \$3000 per year.
Indian field service....	Civil service or ap- pointment.	Part or all	\$1000 to \$2000 per year and most living expenses.
Geodetic survey.....	Civil service or ap- pointment.	Part or all	\$1020 per annum, and most living expenses.
Commissioner of pen- sions			
Examining surgeons....	Appointment by pension commission.	Part time	So much per examination.
Army:			
First Lieut.....	Examination.	All	\$2000 per yr. & \$600 till 1922.
Captain.....	Promotion.	All	\$2400 per yr. & \$720 till 1922.
Major.....	Promotion.	All	\$3000 per yr. & \$840 till 1922.
Lieut. Col.....	Promotion.	All	\$3500 per yr. & \$600 till 1922.
Colonel.....	Promotion.	All	\$4000 per yr. & \$600 till 1922.
			All salaries increased 10 per cent each 5 yrs. of service till a possible maximum of 40 per cent has been added. Also most of expenses. Free homes, provisions and clothing at cost.
Navy:			
Same as army.....	By examinations		Salaries approximately the same as army.
State service:			
School for deaf and blind	Civil service or ap- pointment.	Part time	Average salary \$100 per mo.
	Write secy. of state for information.		
Industrial home adult...	Civil service or ap- pointment.	Part time	Average salary \$100 per mo.
	Write secy. of state for information.		
Corrective schools:			
Girls.....	Civil service.	Part time	Average salary \$200 per mo.
Boys.....	Civil service.	Part time	Average salary \$200 per mo. and board, room & laundry.
Industrial schools:			
Boys.....	Civil service.	Part time	Average \$200 per mo.
Girls.....	Civil service.	Part time	Average \$200 per mo. and living expenses.
State orphan schools....	Civil service.	Part time	Average \$150 per mo. and living expenses.
State industrial accident com. med. director....	Appointment by Gov. or civil service.	Part time	\$225 to \$350 per mo.
1st asst.....	Appointment by Gov. or civil service.	Part time	\$150 to \$250 per mo.
2nd asst.....	Appointment by Gov. or civil service.	Part time	\$150 to \$250 per mo.
State board of edu- cation:			
1. Asst. supervisor....	Civil service or appt.	Part time	\$200 per month and up.
2. Asst. supervisor....	Civil service or appt.	Part time	\$150 per month and up.
Special Investigators board of medical examiners:	Appointed by Gov.	Part time	Per diem basis, average \$75 to \$100 per mo.
Secy. & treas.....	Appointed by Gov.	Part time	\$250 per month.
State board of health..	Appointed by Gov.	Part time	Per diem basis. Average \$75 to \$100 per mo.
Secy. & executive officer.	Appointed by Gov.	Part time	\$375 per month.
Dist. health officer....	Civil service or ap- pointment.	Part time	\$300 per month.

* Army and Navy information supplied through courtesy of Hon. Julius Kahn M. C. State positions through the Governor's office, courtesy of Hon. Fred Howes. City positions through courtesy late Charles Forbes, Assistant Secretaries Board of Supervisors, San Francisco.

Positions for Doctors	How Secured	Time Required	Income
Director communicable diseases.....	Civil service or ap- pointment.	Part time	\$300 up per month.
Epidemiologist.....	Civil service or ap- pointment.	Part time	\$300 up per month.
Director bureau child hygiene.....	Civil service or ap- pointment.	Part time	\$300 up per month.
Bacteriologist.....	Civil service or ap- pointment.	Part time	\$50 up per month.
Supervising phys.....	Civil service or ap- pointment.	Part time	\$200 up per month.
Clinician.....		Part time	\$100 up per month.
State insane hospitals, a supt. in each.....	Civil service or ap- pointment.	All time	\$333 per mo. and up with living expenses.
1st asst. phys.....	Civil service or ap- pointment.	All time	\$230 to \$270 and expenses.
2nd asst. phys.....	Civil service or ap- pointment.	All time	\$170 to \$225 and expenses.
3rd asst. phys.....	Civil service or ap- pointment.	All time	
Others.....	Civil service or ap- pointment.	All time	Depending on experience.
Pathologist, one to each institution usually.....	Civil service or ap- pointment.	All time	\$225 and up and expenses.
Chemical director.....	Civil service or ap- pointment.	Part time	\$225 per mo. and up and exp.
State general super- intendent.....	Civil service or ap- pointment.	Part time	\$400 per mo. and up and exp.
After-care phys. veterans home.....	Civil service or ap- pointment.	Part time	\$175 per mo. and up and exp.
Chief surgeon.....	Civil service or ap- pointment.	Part time	\$200 per mo. and up and exp.
Asst.....	Civil service or ap- pointment.	Part time	\$150 per mo. and up and exp.
State prisons.....	Appt. by Governor or civil service.	Part time	\$200 and up and expenses.
City positions for doc- tors in cities of 100,000 up.....	Most of these are ap- pointive or require some political influence.		
Health officer (city)....	Appt. or civ. service.	All time.	\$7,500.00 per annum.
Chief surgeon.....	Appt. or civ. service.	Part time	\$225.00 per mo.
Emergency service chief asst.....	Appt.	Part time	\$200.00 per mo.
Emergency Asst. surgeons.....	Appointed by board of health.	Part time	\$150.00 per mo.
Sanitary inspectors.....	Appointment.	Part time	
School inspectors chief.	Appointment.	Part time	\$175.00 per mo.
Assistants.....	Appointment.	Part time	\$175.00 per mo.
Veneral clinicians chief.	Appointment.	Part time	\$120.00 per mo.
Assistants.....	Appointment.	Part time	\$250.00 per mo.
Assistants.....	Appointment.	Part time	\$200.00 per mo.
Psychologist.....	Appointment.	Part time	\$75.00 per mo.
Visiting phys. relief home (incurables).....	Appointment by mayor or police commissioners.	Part time	\$150.00 per mo.
Police surgeon.....		Part time	\$200.00 per mo. and up.
City physician.....	Appt. board of health.	Part time	
Chief.....	Appt. by coroner or C. S.	Part time	\$300.00 per mo.
Assistant.....			\$275.00 per mo.
Autopsy surgeon.....	Appt. by coroner or C. S.		\$200.00 and up per mo.
Asst.....	Personal effort from doctors.	Part time	\$150.00 and up per mo.
Medical reviewers or preparing papers for others.....	Appt. by dean or faculty.	Part time	Variable.
College positions.....	Appt. by doctor in charge.	Part time	Variable.
Asst. to college professors.....	Appt. by faculty.		Variable.
Professors in colleges...	Civil service or ap- pointment.	Part time	Variable.

Start two doctors of equal ability, one in the richest and the other in the poorest state, or start these same young men in two separate cities, one in that which has the fewest and the other in the city that has the most doctors, and it will not require an expert to determine which one will derive the greatest benefit from his labors.

The candidate or novice in any athletic sport does not aspire, much less hope, to be an expert on his first try-out, no matter how great may be his natural talent or how wonderfully nature may have endowed him for this particular specialty. Why, then, should the young physician go into the most crowded city and expect to match his inexperience with those who have become experts in their own field?

The positions for doctors in the Government, state, city and county can be ascertained by addressing those who have these matters in charge. In each state, city or county these positions will differ in name and number. This will be determined by the size of the population of the various places named. When positions are indicated as requiring all the time, it does not mean a twenty-four-hour day: it usually means an eight-hour day. The position that consumes all of one's time is the exception.

Although the Government, city and state positions pay very meager salaries, they are always filled and many of them have a long waiting list.

One would imagine that, by merely writing to the federal, state or city authorities, full information would be forthcoming at once relative to any openings. This is not the case. To obtain the desired information it will generally be necessary to have someone make inquiries for you.

If you are interested in a federal position, have the senator or representative from your district make this

inquiry for you. To him should be addressed a letter telling the essential facts about yourself and the reason for your request. Should you know him personally, so much the better. If you do not know him personally, let someone who does know him, and with whom you are friendly, give you a letter of recommendation. The reason for this is not difficult to find. The ordinary office holder does not appear to be any more enthusiastic about giving out information in regard to openings than a railroad is to give free rides; besides, he frequently has some friend he is grooming for the place. Office holders and politicians generally work on the theory and hope that if they can put something off today, possibly someone else will be called on to do this work tomorrow. This will save them all the trouble of doing something.

In the matter of state positions, a similar method should be adopted. Have an acquaintance of the representative from your district make this inquiry for you. Should you know him personally, write to him yourself.

Cities and counties will have a representative in the vicinity in which you live. This man can give you the names of the proper persons to approach for the information you are seeking. If the request to the man you desire to see can be made through the local representative, it will have more weight than will an inquiry of your own. Certain peculiar conditions exist in each place. If you would be successful in your effort, it will be to your advantage to familiarize yourself with these, getting the information from those who make this a part of their business.

To those who are attracted to political jobs or positions, a good man to become acquainted with is the chairman of the local Political Committee. He is a student of political affairs. If he is not in a position personally to

assist you in securing what you want, he is more than likely to know the right people for you to meet and can often direct or introduce you to them.

Personal leanings as to likes and dislikes should govern one in the course he is to pursue. I do not find that those who follow the political openings get very far in a medical way, although there are exceptions to this rule. If one is to engage in general practice, no position should be considered that does not permit one to give a part of each day to the improvement of his own personal practice. Political positions often lead one into a rut from which it is very difficult to extricate oneself. The very lack of personal responsibility in most of them naturally tends in this direction. One is not permitted to exercise any initiative of his own, which is the very basis of a private practice. It naturally follows that the longer one remains in these political positions, the less capable one becomes of filling the exacting duties of the private practitioner. This condition is most likely to follow those positions that allow one no time for his own work.

To some men the excitement and the game of politics are the essence of life: to these political positions offer an opportunity found in no other sort of practice.

Political positions are not for the timid, retiring individual. They are for those whose personal sensibilities are more or less immune to the slurs and insinuations of others, and who enjoy getting into arguments and having wordy if not other varieties of quarrels. They are for the restless man who craves excitement and change, who prefers to know many people slightly and to be meeting new faces—one who is fond of games of chance. Nothing can be more uncertain than political positions, so the man who likes to take uncertain ventures is fitted for the politi-

cal field. This does not imply that he must follow political parties. The same sort of maneuvering goes on in clubs, fraternities and associations as in public politics. The only difference is that in the clubs, fraternities, colleges and medical societies the politics are personal politics. In politics the man who has the happy faculty of making friends and understanding the rudiments of tact will certainly outdistance the one who has this faculty in lesser degree, even if both have the same ability.

The timid man who insists on being certain, who is fearful of changes, ought to start in the line of work that he intends to continue—the political field is not the place for such an individual. He should take some position that carries with it a monthly salary, where constant, steady, persistent effort will permit him to advance to higher positions. The Army, insurance companies, or colleges would appear to offer the best chances.

To become an active worker in the medical society may lead to securing positions in the society itself that bring a fair return, or to positions for which the society has the recommending power, such as members of the medical board, inspectors for cities or states, or positions in the colleges in the state. Government appointments to medical positions are indirectly influenced by the favorable report of the Medical Society or Committee. Few medical men secured much recognition during the war who did not stand well with their local or State Medical Society.

No matter what your endeavor in the medical field may be, it will be necessary for you to have for friends those who may be of use to you. For one man who has advanced to eminence without friends or the help of others, there are thousands who had less ability but were boosted along by their friends.

CHAPTER IV

HOW TO BECOME FAVORABLY KNOWN IN A LARGE CITY, SMALL CITY, OR A COUNTRY TOWN

1. How to meet various business men under favorable conditions.
2. Bankers, wholesalers, retailers, manufacturers, laborers, etc.
3. How to establish credit for a beginner in a new locality.
4. Societies—medical, fraternal, secret, sectarian and non-sectarian.

The young doctor has a problem to solve similar to that of every professional man. It consists of meeting people and making friends of them under such conditions that they will have a favorable impression of him personally and as a medical man; that variety of impression which would possibly cause them to select him as their medical adviser if need arose.

When the young boy is first taught the rudiments of the art of Isaak Walton, he does not start out with the full sporting goods line equipment that we see advertised in the papers or exhibited in the hardware store, but usually with some improvised arrangement of his own making, and he goes out after the smaller fish in the little stream. When he has become an adept along this line of endeavor, more equipment and larger game are sought. This illustration applies with equal force to the hunter.

The young beginner does not expect on his first hunt to go after grizzly bear, but is more likely to seek his pastime in the chase for rabbits or small game. Just so, when the doctor goes into a new community, the first person whose acquaintance he seeks should not be the most influential man, because he has not yet acquired the adeptness of knowing how to meet people professionally, and create a favorable impression. Until he has made good he usually does not have the capacity for meeting them on equal ground; those who are established will nearly always regard the newcomer as an intruder until he has proved his worth.

This recalls the story of a young banker who had sought the business of a very large concern for years. He deferred making a call on the heads of this concern, or any approaches to them, until he could feel able to meet them under favorable conditions and possess that ability and knowledge and all-around equipment that would place him on an absolute quality with their mental attainments and business sagacity. Finally, when he had acquired this experience, the meeting took place, and instead of the business having to be sought it came to him unsolicited, all by virtue of the fact that the young banker had acquired the necessary experience, bearing, and tact to convince these men, by his general conversation, that he was capable of handling the financial affairs of so large an institution. And for this same reason the young doctor should go about meeting people just as the young banker did. He must approach them in an entirely different way, but the conditions are more or less similar. Meeting people is an art that comes naturally to a few, is acquired by many after a great deal of application and effort, and to some it is impossible of attainment.

The art, then, of meeting people and of creating a favorable impression is largely dependent upon the meeting taking place under favorable conditions.

When a physician goes into a new community, he will find it desirable to acquire some experience in becoming acquainted with the less important people; he must seek to acquire, if he does not already possess it, the art of meeting and understanding them. After he has met some people and developed his ability to such a point that he knows his own capacity for further progress, he should seek out more influential people. As one progresses each step will suggest the other. The reason for this slow progress is evident. Just as we used the illustration of the small boy after small fish, and the young banker after small accounts before they sought the big ones, and as the athlete in his first endeavor cannot hope to compete with the expert professional, so the young doctor should not expect to match his ability with men who have had many years' experience in meeting and influencing other people. If he seeks the best and most experienced citizens immediately on going into a new community, he will most likely encounter defeat. Their personality and their knowledge of the situation will outclass his. A defeat at the start is just as prejudicial to the doctor's future progress as it is for an athlete to meet reverses in the arena or on the track. Once defeated, a man is nearly always capable of being again dominated or defeated by the same individual. A young practitioner should, therefore, be careful to select those persons on his first meeting whom he can meet on an absolute equality or superiority of intellect or stronger personal qualities.

Assuming then that we have chosen the desirable method of meeting people, the next requirement is to

know how to go about doing this in a proper professional manner.

On first going into a community, and for the time that you remain in that particular place, you should make it your especial business to know about all the people and the social, political and financial interests of the district. In no other way can you understand the peculiar situations that surround each family and each individual. If you know a man's politics, his church, his business and his home life, you certainly will know what topic to discuss with this man to arouse his interest, to understand his mental problems, and how to appeal to him. If you are not familiar with these simple things, you might very readily compliment some man on his interesting family and be shocked by the reply that he has no family or that he is divorced. Or you might congratulate a man on his fine business only to be told that he had failed and is in financial straits. It is just as important, just as necessary, and just as much a part of your business to know the smaller details of each man in your community as it is for the banker to do so. Even the births, deaths, marriages and divorces, business successes and failures, are all your immediate concern. A man goes to the bank which gives him the best service in the most agreeable manner, and people go to the doctor for similar reasons. You certainly cannot serve the people of your community well if you do not know all about them.

A physician is a public personage; he should have an interest in the general character of the community. He derives his support and practice from it, and it is his obligation to do something for the welfare of the people who support him. He should, therefore, take an interest in, and become a part of, the organizations that exist there for

the betterment of the community in general. It is in these organizations that the doctor may obtain, without effort, and without seeming to do so, minute details regarding the personality and surroundings of many of the people with whom he will possibly some time come into professional contact. It is not only his duty to the community, but a duty to himself and his patients to know all these things. When he becomes a member of the various commercial bodies or clubs that are organized for civic betterment or any other uplifting purpose, it is his obligation to become active in them; but if he does not attend their meetings, he might as well not belong to them. Attend these meetings and take an interested part in them; give talks, when you have something of value to say, which will bring you before the people in a favorable and legitimate way. Here you will meet, at various times, all the active people of your locality. You can learn to know those of the better class; select from these those people who will help to bring out in you some of the qualities you feel you lack most. They will tend to develop you along lines that were not developed in your specialized medical career, and so will broaden your view of life and of people generally. In making friends with those who attend these gatherings your next logical step will be to have a weekly luncheon with one or more of the important personages you have selected, and thus you will be able to meet, under favorable conditions, one or more men each week at the luncheon table, where you can discuss general topics and become business or social friends. This permits you to meet the best minds and most active people in your particular locality, be they laborers, manufacturers, business men or bankers. It is just as necessary to know the banker as the druggist, for

the banker must come to you or to one of your profession for medical advice. For your own welfare and that of your family you should seek his advice in matters pertaining to his special line of endeavor and in solving your financial problems.

If it was ever a rule that the physician should wait for people to come to him rather than that he should go to them, it holds good no longer. This does not mean that the doctor should now or at any time solicit patients. He should never do that, but his whole effort in this respect should be directed toward making friends and becoming known as a man among men. The physician who goes into any locality and imagines that he is a person to be set aside in a particular niche that no one but his kind are to occupy, is liable to find that he will have no acquaintances other than doctors, and it is certain that doctors do not exist by the patronage of those in their own profession.

It was formerly the custom for the exclusive brokers and banking houses to cultivate this aloofness from the public. At the present time, the exact opposite is true. They now solicit customers and employ the newspapers to inform the people that they have all the facilities for giving service to any one engaged in any form of business endeavor. They assure them that they have all the expert men possible to obtain to give each caller the benefit of their technical training in any contingency, and make every effort to inform all the people that they are fully equipped to handle every financial transaction with safety and despatch. The physician cannot solicit or advertise, of course. But he can advertise himself by meeting the active minds in his home city. He can aim to convince them that he is upright, likeable, human, and

knows their interests as well as his own profession. It is a positive certainty that when one of these business men becomes ill, he is going to send for the doctor he knows best, rather than trust to chance the most valuable thing he has in the world. When the doctor has utilized his opportunity to appear to his fellow-men as a man, and also one with human kindness in his make-up, this same business man will be inclined to give the name of this physician to all seekers of medical help.

This form of recommendation of one friend to another is the oil on the wheels of progress. The physician who sits constantly in his chair poring over musty tomes is not likely to be the man who will first spring into the mind of the ordinary person in any city.

It is not intended that the physician should be an entertainer or an all-round good fellow, or that he should neglect the serious side of his medical studies. The meetings that have been mentioned here are as much a part of his duty to the community, however, as is the study of his particular specialty. It is his legitimate means of making himself known as a medical man, on the one hand, and also serves as a very desirable means, on the other, of making him understand the aspirations of the people and of learning their feelings on the matters that pertain to their private lives. These he must know if he is to minister to them properly, just as surely as he should know the latest development in the medical field.

It is a fact that people who are not seen or heard of for some time are soon forgotten. This human trait is thoroughly understood by the merchants of today. They do not stop advertising after they have become prosperous; but for the reason just mentioned they aim to keep up publicity for their concern.

To illustrate this point: a large firm had manufactured a product for years and spent enormous sums annually in keeping this product before the people. Their article was known and used in all countries. They became convinced that it now had such a hold on the people that force of habit would keep up the demand for their output indefinitely. They stopped advertising for a year and lost and never regained their former position and probably never will. This is but another reason why the medical man should keep his name and his person in the mind and eye of the community where he is to practice.

Medical men, like artists, must be naturally fitted for their vocation. It does not follow that all who graduate are gifted by nature with any exceptional qualities. Many a man has made a good physician with only very mediocre ability to start with; but he must have some extraordinary talent if he is to be anything more than an ordinary practitioner. You may be ever so thoroughly trained in your profession, understand anatomy fully and perfectly, and still not make a successful surgeon. To be that you must have mechanical ability and manual dexterity.

Every branch of medicine calls for the intensive development of some form of natural talent. It is useless for any one to undertake a branch for which he has no natural ability. He will only end by having to give way to someone who has that real natural aptness. This is the age of the specialist. It is also the age of keen competition. In other walks of life there are combinations to corner or modify the natural channels of trade, but there is little of this in the practice of medicine. In this profession the nearest approach to this restraint of trade consists of cliques and groups of men who form, for

natural or other reasons, in every large city and in some of the colleges. They usually admit to their circles only such men as the members want, and in many instances the energetic young man is confronted by one of these barriers and wonders why he cannot get ahead. In the main, however, as in other walks of life, the race is to the swift and the strong, and the weaklings and the unfit are overthrown by the forces of competition.

You are fortunate, indeed, and it will greatly help your future, if you can make a proper inventory of your own capacities. It is highly important that you should exercise extreme care and painstaking thoroughness and make a complete analysis of your good qualities and capacities and cultivate these to the very maximum of efficiency. Shape your course in such a way that your best talents may find constant use. This will tend to develop them still further and enable you to realize the things you wish to achieve.

CHAPTER V

CHANGING ABILITY INTO INCOME

"KNOW ALL ABOUT YOUR PROFESSION"*

There is a business side to every profession, just as there is a professional side to every business.

One would infer from some of the advertisements of psychologists that, by a mere act of the will, one could transform himself into anything. I say infer because any psychologist worthy of the name knows that this cannot be done. The man with the bull-frog voice could will all he wanted to and the voice would remain the same. All the willing in the world could not make a Caruso of him, nor can willing put an artistic eye into one who has not the fundamentals of an artist in him. Nor will mere willing make of you a famous practitioner unless real ability underlies and directs this will.

The actual, genuine medical training that you have is the foundation of your medical success. This is not only the groundwork on which all else must be built, but the medical knowledge you possess at your graduation should be but the beginning of your studies. This knowledge must be considered only the groundwork on which you are to erect that finer and more complete superstructure which will make you an expert.

To cease your medical studies the day you complete your state examination for the right to practise is pro-

* Subtitles suggested by Harold Whitehead's "The Principles of Salesmanship." The Ronald Press Co., N. Y., 1917.

professional and business suicide. The practice of medicine, just as every other profession, is changing. What is good practice today may be neglect and malpractice tomorrow. To be aware of and how to make use of these changes will compel you to continue your studies as long as you practice. To most men it is unnecessary to emphasize this, as it is accepted as a basic fact. The proof—if proof is needed—can be found by visiting physicians' offices in the city or country. Not a few men are at the apex of their mental attainment the day they secure their diplomas. I include these remarks here that all may know my belief to be that the basic element of success must be genuine worth and real medical ability. This is the professional side of your business, with which I have not attempted to deal in this work.

The business side of your profession is the one which we are now to consider. The profession you have chosen is one of human service. The elements that will make you successful in this field will be a generous mixture of work and brains with constructive enterprise and concentration. The man who selected the practice of medicine because he thought it would be fine to come to the office late and quit early chose the wrong field for his activity.

Since the practice of medicine is one of service to mankind, the first thing to do will be to find out how best to serve the community in which you locate. To do this, you should first of all become a part of the activities of the community that have as their object the betterment of its conditions. By knowing and meeting people in your vicinity you are enabled to understand their needs, interests and leanings. In this way you have the first opportunity of appearing before them as one whose interests are identical with their own.

The inborn medical ability you possess will be of little value unless put to constant and energetic use. To secure this opportunity as quickly as possible, you must show that your intention is to be useful to your fellow-citizens.

It should be your endeavor to meet people in such a manner that they will form a favorable opinion of you and learn the nature of the profession you are following. It is your first duty to act and appear to be what you say you are. Your choice of associates and your demeanor must conform to the best standards of the community.

Always be busy at some task or activity connected in some manner with your profession. Nothing destroys the esteem of people for a doctor more quickly than to seem him occupied with something that is of no value to him in his profession or to find him in the companionship of idlers.

Know the institutions and hospitals in your community and as soon as possible become associated with the best that opportunity affords.

Become affiliated with or known to and by the best medical men. No man can succeed in the practice of medicine if he is not interested in his profession. To be really interested in your practice means something more than merely getting a living. A man is usually interested in that form of work in which he is most proficient. To know your profession and to be interested in the practice of it will make you happy, for, as Hubbard said, "If you do not get any happiness out of your work, you will never know what happiness is."

To be engrossed in your practice will cause you to overlook the smaller annoying things connected with it. That which makes for the final success of any undertaking is seeing that all the little things receive the same

amount of painstaking care that the large ones do, for if the little things are not given your careful consideration, the larger ones will not be entrusted to you by a critical and watchful public.

Interest in your profession means that it must be your principal interest. Just as you cannot be in two places at the same time, you cannot have two major interests at the same time. Be absorbed in your profession and give your undivided time, thought, and energies to the performance of the practice that is before you.

Complete and undivided interest in your practice implies that you must strive to do what you have undertaken a little better than anyone else can.

YOUR PROFESSION FIRST!

Merely to know your profession and to take an interest in it will not insure success. You must pay the strictest attention and give all your devotion to your practice. Attending to your practice means that you must have no other form of interest that will interfere, even in the slightest, with any part of the line of endeavor in which you are engaged. To give all your devotion to your work means that you will become a part of it—that each day will see you on the alert to discover such conditions as are in need of your attention. You must not become known as having some fad or hobby that takes up the time that should be given to the more urgent things of your calling. You must not engage in any activity that will be detrimental to your standing as a physician. If you announce certain office hours, you must be sure that you can be found in your office at those hours. If you promise to be at someone's home at a certain time, you must be there promptly.

Patients will forget the many times you have kept your word and remember the solitary instance when you did not. A story is told of a certain business man on Broadway, New York, who was greatly annoyed by the tardiness of one of his skilled engravers: Calling him into the office one day he said: "Mr. Brown, I get here at eight thirty every morning and look over my mail. At nine I look out of the window and see Mr. Rockefeller on his way to the office; at nine thirty Mr. Stillman passes; at ten I see Mr. Vanderlip going by; at ten thirty Mr. Taft passes on the way to his office, and at eleven YOU come in. Who the H— are you?"

To keep your office hours with scrupulous exactness, and to keep the promises you have made to your patients are among your most essential duties. Acquire the reputation of being a dependable man. You can rest assured that this trait will become known and in turn will be relied upon by those who entrust you with their work.

Make your practice your only serious concern. The field is so large that no man has ever mastered it. It is quite big enough to absorb all your thoughts and energies. It will take all there is in you to master even a major part of any branch of medicine without trying to cover the whole field.

You cannot be a good doctor and at the same time buy farms, run apartment houses or be superintendent of a factory; you will not do justice to any one of them. You can have either a good time or be a good physician, but not both. To buy and sell real estate and make a success of the proposition require all the time, knowledge, experience and ingenuity of those engaged in the business. How can you expect to do any better? That is why you will need to attend strictly to your own line of work.

The merchant makes his money by the care with which he buys seasonable and marketable goods at the right figure. What may be the right figure today may not be the right one the day following. To be successful in his business requires his unremitting and strict attention. That is just what the practice of medicine will require of you. And it will require it to just as great a degree as it does of the real estate operator or the owner of a store. There are enough little annoyances and details for the most careful of men to keep track of in the medical field without undertaking some other line and making a failure of both.

Sticking to your practice means that you attend to it the seven days of the week and every day of the year. It may sound paradoxical, but the one who works faithfully at his practice is the one who finds time regularly to leave it for the recreation he must have.

Though you take recreation, you must not get so far away from your daily affairs that you know nothing of what is going on. The man who gives care to his practice and plans his future work is the one who will not be continually hurried. The physician who follows some orderly system is the one who is able to take short recreation periods at stated intervals without neglecting those who have a right to depend upon him.

The man who works hardest is not usually the one who really accomplishes the most. In fact, the man who is always hurried and pressed for time does not accomplish much in the end. As a rule, the hurried man is generally like a squirrel in a revolving cage. He does a lot of work and goes round and round but never arrives anywhere. To accomplish things you must have a workable system and use your brains. To make every moment and movement count most, you must have a

definite aim to accomplish by your movements. The most dependable man is not the one you see running to catch his train: it is the man who is there ready to start when the proper time arrives. He has planned his affairs and is going according to schedule. Be a few minutes early rather than a minute late. This is the type of physician that patients can and will depend upon. Make every effort to fill this public demand.

A half-hearted adherence to your practice will not suffice. To make the most of your effort requires industry, enthusiasm and the application of all your energies.

It is true that the general practice of medicine and of some of the allied branches is not conducive to the keeping of absolutely regular hours. This does not prevent you from making provision for some one to look after your office when you are not there. When it becomes obligatory to break an appointment, make every effort to locate and notify those you are forced to disappoint. With proper preparation for the recording of promises made to others, and some attention to and system in the planning of your movements, you will find that you will be able to keep more regular hours and fill your appointments than by trying to do your work according to the guess-system.

PUT ALL YOUR ENERGY INTO YOUR PROFESSION

"Men generally possess extremes of resources that they never use. These can be pushed farther without harm, if hygienic conditions are maintained. The harder you work, the greater are the processes of wear; but there is also speedier repair that follows this work. The *busiest* man requires no more sleep than the *idler*.

“Whatever you might do in any day, that you leave undone, forever remains a total loss to you so far as the generation of energy is concerned. You lose by just as much as you fail to perform. There is a *second wind for the mind just as there is for the muscles and body.*

“When you first get tired mentally or physically, you have only used the first effective layer of energy or mental power. If we would but push on, we could develop the *second wind of the mind*, and perform great quantities of work that most of us fail to develop. Once we have developed these deeper layers of energy, they can be easily maintained.”*

KNOW SOMETHING BESIDES MEDICINE

Every profession has customs peculiar to itself and the medical profession is no exception. The medical man is generally accredited with a wide range of knowledge not pertaining to his own calling, and he will find as he goes on that he has considerable need for this varied knowledge.

In most other callings the personal element does not enter so intimately as it does in ours.

In other vocations the relation between the parties concerned is almost always purely a business one, but the physician must minister not only to the ailments of the flesh but also to those of the spirit.

He is called upon quite frequently to give advice on family affairs and on his patient's business, and, particularly in the smaller communities, the doctor is regarded as the confidential adviser of the entire household.

Some men, physicians included, are ignorant of

* Wm. H. James: “Energies of Men and Gospel of Relaxation.” Henry Holt and company N. Y., 1911.

anything that does not pertain to their own line of work. They go through life with one fixed idea and follow nothing else—they know nothing else. Some of them are successful, but most of them are narrow minded and retarded through their own ignorance. However, the average doctor is naturally a student, and thanks to his early training he is a reader and an observer.

Just as it is foolish to know too little, it is also inadvisable to know too much. The average medical man will be kepy busy if he endeavors to keep up with the progress and changes in his own profession, and so he cannot devote very much time to topics of general interest. While he should be versed in other fields, in a general way, he should, first of all, know as much as possible about his own work.

Read up on medical subjects for instruction and on general subjects for relaxation. A modern physician should be able to converse with anyone on any subject. He should know enough about art to be able to talk to an artist. He should know enough banking to interest a banker, and enough about business to interest the business man. He is not expected to know the intimate details of the silk industry nor to be able to give statistics about cotton raising, but each man has his hobbies and his inclinations. The successful physician will study his patient's interests and minister to them. The main requirement is that you conduct a pleasant conversation and thereby obtain a chance to study your patient's character.

Often more can be learned in a short social call than by hours of direct questioning. You may always rest assured of interesting your patient if you discuss his hobby. The most successful business man will often drop everything to talk about golf or dogs or flowers or postage

stamps or anything else that has become his hobby, and if you can make him believe that you are also interested in his pet topic, you are sure to make a friend. This is another fertile field where notes concerning people's hobbies will be a wonderful aid to friend making.

Men and women also like to talk about their work, and by listening to them and showing a real interest you will often be able to obtain a fund of valuable information. The wider the range of information that you get from intelligent and well-read people, the broader your range of vision will become.

Every one is pleased to have an interested listener, and most people delight in believing that they are giving information to others. Moreover, you will frequently learn valuable things from practical people—things that you cannot find in books.

ADVERTISING

Because the medical profession is entirely a profession of personality and personal efficiency, the advertising you do will also have to be entirely personal. It follows that every person you meet, in whatever manner the meeting may come about, is your advertising medium. Since you minister to the general public, you are of public interest and subject to public scrutiny and appraisal. Every act of yours is either approved or disapproved by the public. Every contest you have with individuals, or with the community at large, will have some influence in shaping public judgment of you.

The particular methods by which you may legitimately advertise are along the following lines:

Societies.—Societies are not to be confounded with society. Society in almost every community is composed

of little cliques, each secretly jealous of its own importance and usually of fixed ideas. The cultivation of society is of little value. Often the fact that you belong to one clique may exclude you from all others. If your birth and your financial and family qualifications admit you to society, you may derive some advantage therefrom; but to the ordinary man society is merely a time and money consuming factor and it cannot be taken into consideration here.

To a physician going into a strange city, fraternal societies may be of value in learning some of the inner workings of that particular place. They are of little worth, however, in creating permanent practice. The friendships made are often so intimate that they impair the confidence and respect which are required, and fellow-members will frequently go to other doctors when they need medical aid; moreover, to derive any benefit at all from fraternal societies, one must attend the meetings regularly and become active in the work; this will require too much time and interfere with your practice.

Fraternal benefit societies are useful and may make you known in a medical way. Those that employ a physician for the members only are best. From the better class of these you may derive a regular income ranging from a few dollars to a hundred or more a month. You should not remain with them too long,—two or three years is often sufficient,—but resign when you find that your practice has grown so as to give you a large enough income without society work.

Commercial Clubs and Civic Organizations.—These are the best media in which to meet the active, moving forces of the community. Here are gathered all the men who are progressive and interested in the welfare of the

community. When you become known to the men of these organizations and they learn that you are an active worker in the same cause with them, a bond of mutual interest is formed, and when they need medical attention, they will seek you, rather than some one who is not so deeply interested. You will be regarded as one of their own sort and they will consider it their duty to support you, just as you support their common cause.

Hotels and Apartments.—No advertising in hotels will have any value except under the following conditions: A position in one of them is most valuable when you are the resident and only physician. In this instance you need do but little advertising in the place. Of the advertising forms, the best one is to place your name on the holders of the pads for the telephone in each room; know all the owners, managers, assistants and employes of the place; a brass or gold plate at the registering or business desk, stating that you are the resident physician, is also useful.

It is money wasted to advertise in any other way in hotels. One must have the friendship of the proprietors or managers, clerks, housekeeper, or some one in authority. To secure patients in any other way than through the parties named will be a purely personal matter that will be known to you. Advertising of any kind will not be needed in this instance, and is therefore valueless, for the patients would come to you in any case through this source.

The Public Generally.—Every person who is employed in such a capacity that he meets the traveling public can be of service to you. People who travel prefer the word of recommendation of some one conversant with local affairs. If you make the acquaintance of some

one holding a responsible position, he can refer many people to you.

Information clerks in railroad depots, clerks or proprietors of small stores on transfer corners, train conductors, Pullman conductors, captains, first, second and third officers on boats, the purser, the nurse or maid, and janitors in buildings all are good advertising media.

Theatre programs are of no value as an advertising medium unless you are the physician for the theatre mechanics, the union doctor, or the actors, society, union, or guild.

Telephone Book.—It is desirable that you have your name appear in full in its proper alphabetical order, both for office and home service. In the classified section it is of some value to have your name in larger and heavier type, also to mention any specialty that you may be following. The hours you are at your office should also be stated.

Papers.—In the smaller towns and country sections, it is desirable to have your card in the papers. Custom has made this acceptable. The same thing may not be done in the city.

When you return from a vacation or move your office, it is permissible to send suitably printed announcements to patients and to other physicians.

When you have a case that has news value in it, some publicity may be given your name. I would caution you in this regard. The papers are so eager for the new, unique and bizarre that they are prone to misstate facts. They have a tendency to exaggerate, and almost always distort a medical statement. The superlative degree is in constant use with them—either extraordinarily good or bad, funny or heartbreaking, a remarkable discovery or a discarded theory.

You should give only written statements. These should be carefully reviewed before you allow them to appear in print. If this is not done, they will often make you appear in a wrong light to your medical friends, or ridiculous to the public generally.

Publicity of some kind is necessary. It is recognized by all advertisers that the highest and most effective form of advertising is the disinterested word of one person recommending you to another. This has been dwelt on in the beginning of this chapter, and under each of the divisions that make up your personality. But this is not enough. It is not sufficient for one who is in private practice, and it certainly is not adequate for the one who specializes.

Useful publicity may be secured through your membership in the public-spirited organizations and charitable institutions, by appointment on reception and other civic committees.

It must be understood that all your activities are to be directed to the medical aspect of things, for if they are not, popularity, great or small, will probably mean nothing to your practice. All your activities should be directed to the line of work with which you are familiar.

The medical societies, better than any other known method, can help to advertise you to other medical men. Here you will meet and become acquainted with other men in your own profession. Friendships can thus be formed that will be of great value to you—not so much in bringing practice to you as in retaining what you do secure through your own efforts. When patients you may be treating make inquiries of other doctors, they cannot say they do not know you: you learn to know them and they will get to know you. Constant attend-

ance at these meetings will give you the opportunity of presenting a medical paper or of exhibiting cases, or you may review articles you have heard. It will give you a voice in medical affairs and membership on some of the committees of lesser importance—if you are a good mixer.

Presenting a paper on any topic is advertising your own work and yourself. The article you prepare, to be of benefit, must have value to the subject on which it treats or to the profession. If fortunate, you may be able to get the paper into the local State Journal or some of the larger periodicals. In this event you are securing excellent advertising and experience. Reprints are often mailed to the doctors of your county and state. It is not exactly a pleasant thought to consider that nearly seventy-five per cent of all medical articles are personally conducted advertisements, but it is near the truth.

Service to a clinic, hospital or college will also place your name before many other doctors of the institution with which you affiliate. You also meet many patients. Each patient has a friend. Some of these may come to see you at your office. These are the reasons that account for the great demand for such places.

Clinics and Hospitals or Colleges.—The value you get from advertising to the many people you meet in these institutions will not be so great as will the acquaintances you will make among students. After graduation these students will call you for consultations and also send cases to you later on. As a dispensary attendant, the opportunity of impressing students with your ability will not be great. Others at the head of the division will take most of the glory and credit. When you advance to the higher places in the staff, you will note the changed attitude. When you become the head of some division in a college or

hospital staff, many cases will come to you from other physicians in your own and adjacent cities by virtue of your position alone.

This is one of the emoluments of the office. Each year you serve as professor will increase the number of men who will go out and serve as an advertisement for you. The man who will get most cases from his former students will naturally be the one who has made the most friends among those he taught and who was able to impress them with his ability.

Some prominent specialists employ regularly paid publicity men. These gather the material for articles, prepare them, and the doctors present them. Such men also see to it that each time money is donated to charity, proper notice of it appears in the papers. When they go to and return from medical meetings, mention of this fact gets into the daily and medical press. In other words, every social, medical, or political activity is directed and promoted for the publicity it will give.

The drug specialty man will advertise you. Many doctors, are or pretend to be, too busy to see these men. They take up valuable time, but it is certain that each house has some belief in the merit of its goods or it would not send them out. Many men will come to your office and bring you nothing new, but one in ten may bring you some new idea or drug or a refined preparation that will repay you for lost time. In the meantime, if these men are properly treated, you can make advertisers of them. They will quote your name all over the state.

The medical book salesman has the same capacity of good as does the drug man. Even though you buy nothing from him each trip, you can treat him kindly. When you do give an order for a book, he will exhibit this

all over your city and state, and thus advertise your name.

This does not cover the whole field of legitimate advertising for doctors, but it will serve to suggest other forms to those who are interested.

REFERENCES.—Transactions of Business, by SIR ARTHUR HELPS, and How to Win Fortune, by ANDREW CARNEGIE, *Edited* by DAVID E. GOE. Forbes and Co. (1907).

CHAPTER VI

THE VARIOUS FORMS OF PRACTICE

HOTELS AND APARTMENTS

This form of practice is confined almost entirely to hotels and apartment houses in the large cities, and even in these, only the larger establishments will here be considered. The smaller houses, catering almost entirely to permanent guests, are usually not looked after by house doctors, since their tenants are chiefly residents of the city who have physicians among their acquaintances or, in cases of emergency will call a doctor who is recommended to them.

If you wish to become a house doctor for a hotel, select one of at least two hundred rooms or more that caters to the general traveling public. Such a hotel is usually located in the downtown district, and there are, as a rule, a number of other hotels and apartments in its vicinity. From these additional work can be drawn, and it is a good plan to make the acquaintance of all the owners and managers.

You should also cultivate the acquaintance of the clerks and let them know where you are located and where they can reach you. One visit to these places will not be sufficient. You should repeat your calls and stop there whenever you happen to pass, and at times let it appear that you were passing, even if your visit was in reality planned.

Hotel practice, if properly taken care of, is not only remunerative, but also interesting, since it brings you into contact with people from every part of the globe, from all walks of life, and with all sorts of ailments.

Hotel guests will either call you personally or will have some employee of the hotel call you. This latter will be the more frequent method. They will usually have more faith in the house physician than they would have in an outsider whom they may locate themselves. They will feel that a house doctor could not hold this position unless he were reliable and efficient, and they will, to some extent, hold the hotel responsible for your services.

One secures a position as house doctor through the owners or managers. Unless you can find a hotel which does not happen to have a house physician at the time, you will either have to buy out the man whose post you seek or wait for an opening. In the former case, you will have to consult the manager about it, to ascertain whether he is willing to have you there. In the case of a large hotel in course of construction, communicate with or call on the owners or lessees and get in touch that way.

If you have succeeded in becoming the resident physician of a hotel, cultivate the acquaintance of those who may help you to build up a practice; for example, the manager, clerks, bell-boys, telephone operators, house-keeper and the permanent guests. Remember that, with a few exceptions, the hotel attachés depend largely on tips for their salary, and if they are sure that their efforts in your behalf will be rewarded, they will go out of their way to send patients to you.

In many cases the employees will come to you with their ailments. If possible, it is advisable that you attend

to them without charge. This places them under obligation to you and will bring you good results. In some of the larger hotels a certain sum is collected each month from the employees for a medical fund which pays the physician and hospital expenses. Other hotels insure their help, and in that case the house physician attends them only when engaged by the insuring company. Exceptions are sometimes made of emergency and medical cases.

No matter what arrangement you may have with the management in regard to taking care of the employees, it will be to your advantage to be on good terms with all of them and to secure their good will. You will soon find that the size of your practice will depend on the reputation you have acquired among the attachés.

Some hotels have no regular house physician, but distribute their house cases in rotation among all the doctors who may reside there. You cannot expect to derive much financial benefit from such an arrangement, but it may be of advantage to you to live in a good hotel.

One of the first and most important essentials in hotel practice is to keep the house informed of your daily movements, so that you may be reached at any time of the day or night. You should see to it that all employees who may be consulted will know your whereabouts or where definite information may be had, and remember that there are no Sundays or holidays for you in this form of practice. Guests may become ill at any time, and if you cannot attend to an emergency case immediately, you must make provision for someone to act in your stead. Your failure to follow this rule will not only make you lose the particular call, but will also make the management, or those who called you, feel that they cannot depend upon you.

Although the case may be trivial, the principle remains the same. If you are not "on the job," you will soon forfeit the confidence of the hotel and lose out.

There are always suicides and attempted suicides, fights, attacks of insanity, accidents, sudden illness and deaths at hotels—in fact, every variety of casualty or ailment that might happen in a community can and does happen in hotels. The best method is to regard a hotel as a community in itself and be prepared for any sort of an emergency.

Most people want to stay as far away from a physician as possible when they are well, but when they are sick he cannot come quickly enough to suit them. When they do want him, they are always in a hurry, and this applies to hotels, where most of the people are away from their home and friends.

Arrange with some reliable person to take care of your calls at the hotel. Keep the telephone operators closely informed of your comings and goings. Whenever you make a call, tell the operator where you are going and where your next stopping place will be. In other words, see to it that it will never take more than fifteen minutes to locate you.

It is just as easy to start right as wrong, and the same rules that apply in other fields of medicine will hold good in this form of practice. Make it your unflinching rule to adopt methods of precision and promptness. Show people that you are dependable and they will learn to depend on you. If you early acquire the habit of attending to your practice in a slipshod manner, you will seldom be able to overcome this failing. Do not imagine that if you cannot get to a patient in the forenoon the afternoon may do as well. The patient may be dead in

the afternoon or some other physician will almost certainly have been called to take your place. Procrastination is the lazy man's narcotic, but it will never serve as a tonic to the young physician who wants to succeed.

It is a source of great satisfaction to people to know that they can get in touch with their physician without delay. It gives them a sense of comfort to feel that they can phone for you and be told that you are not in but can be reached within a few moments. They want to know that you can be found when you are needed and that you are always attending to your practice.

I know from experience that patients will wait hours for you after they have reached you over the telephone, when they would not wait minutes if they were told that no one knew where to locate you. Even if you are busy with a case or an operation that cannot be interrupted, your attendant should be able to tell callers just about how soon you will communicate with them. As soon as you can get away telephone your callers, inquire about their condition, and give them some sort of directions that will keep them appeased until you can call, and, although your visit may be delayed for several hours, they will often wait.

A great majority of calls from hotel guests will be made after they have tried all their usual home remedies and failed, and being in strange surroundings and away from friends and relatives, as stated before, they will, most likely, expect you to come at once. Get in touch with hotel patients as quickly as you can, and you will find that very often a telephone call will soothe them until you have chance to call in person.

Practically every message that will come to you through the hotel operator will be, "Come at once to

room so and so, the patient is critically ill." Then you will find that the "critical illness" is nothing but a headache or a scratch.

A man with a cinder in his eye recently asked the hotel clerk for the house physician and was told to wait a few minutes, that the doctor was out. He refused to wait, but walked all over the downtown section for more than two hours without having located a physician. He finally returned to the hotel, where the house doctor had arrived in less than ten minutes after this patient had inquired for him. Transients will not wait unless it is made clear to them just where and how soon you can be found, and even then they will not wait long unless you have talked with them, at least over the telephone.

From all this you will readily see the advantage of letting the hotel know where to find you and giving them an opportunity to communicate with you at a moment's notice.

Every hotel call should be treated as an emergency call. Guests will ring the operator every few minutes to find out whether or not you have been located, and after a while they will insist that some other doctor be called. No matter how friendly the management is toward you, and how hard it may try to hold the patient for you, they will finally have to accede to the guest's request and you will have lost your case and hurt your reputation.

Remember that your good name is dependent to a great extent upon the opinions of those with whom you come in contact. It will not help you to have someone ask if you are a good doctor and have the answer be—"He is alright, but he can never be found and no one knows anything about him." People will quickly tire of calling you and will transfer their allegiance to someone who is

more dependable. If once you have lost a patient, he will seldom come to you again and he will often make it a point to see to it that his friends do not patronize you.

This point of dependability and punctiliousness cannot be emphasized too strongly. Due perhaps to the strain under which he labors, the average physician does not pay sufficient attention to the business end of his practice, and often a good doctor has failed to succeed because he has never learned to keep his engagements. This applies not only to hotel practice, but to every other kind as well; no matter whether you live in a large or a small city, you should keep your engagements promptly or you will soon have no engagements to keep.

INDUSTRIAL ACCIDENT INSURANCE COMPANIES

Most of the states have some form of industrial insurance, and much of this work is done by private companies. Some of these are liberal in their manner of treating physicians other than those on their own staff, but many of them are not. If you desire to handle this accident work, you should learn all about the companies doing business in your locality, and this can best be done by calling on the claim agent. Every company makes some arrangement for the handling of accident claims, and each locality has a different method for accomplishing this. Only personal investigation on your part will teach you what the possibilities of this business are.

In all the larger cities the companies have their fixed medical arrangements and you cannot expect to connect with them as Chief Medical Examiner. You may call on the various companies and ascertain the conditions, and if you can not be placed on their list of active physicians,

you may be set down among those whom they will recognize in the adjustment of their cases.

If you fail to do this, you will often find that when you do get a case of this kind that you will not be able to treat it, since a certain company, as soon as it hears of the accident, will send the patient to its own doctor and you will be able to charge only the industrial rate for the treatment given.

Just as some doctors have gone in for family practice, others have made a specialty of industrial work. The qualities the insurance companies seek in men for this work are accurate, prompt business methods, and efficient, economical treatment of the cases they send them.

When you treat industrial cases you must have a thorough and efficient system of case recording, with full details noted at the time of the call on the patient. The reports of these cases must arrive at the office of the company on time and in good form, and you must be accurate as to the amount of the charges made and as to the treatment given. No "guess work" will be tolerated. Your reports should be written on the typewriter and be neat and legible.

Most of the larger insurance companies have doctors whom they send out to investigate the nature and extent of injuries to persons who may be under the care of other physicians. These positions are also secured through the appointment of the claim agent.

In industrial work you should be prepared for long office hours, and to be of value to the company you must be on call during the entire working day. To do this you must arrange with some other doctor to attend to your outside calls while you are engaged in the office work, or vice versa, or have an entire corps of doctors for all the

various specialties, so that you can call on any of them that may be needed for the wide range of cases that come in this work. This arrangement is becoming more common, and the doctor in charge of this work for the company engages a number of physicians who are on call to do the work in their respective fields. If you are a young doctor, it may be a good plan to become acquainted with the claim agent and the physician in charge of this work, and so secure an appointment to do some form of work along the line of your choice.

Some of the features of this industrial work commend it to the attention of medical men: It is consistent with the work of their choice; it is day work; there are no unpaid bills to trouble you; it brings you in touch with prominent business men and will rapidly create a large acquaintance for you. This acquaintance will be along the line of the work you have selected. In time you will become acquainted with other doctors and companies engaged in this work and be able to build up a reputation as a surgeon, orthopedist, eye, fracture, or nerve specialist, diagnostician, or whatever the specialty may be. At this time the various forms of disease are not covered, so your choice will need to be in some branch of surgery or its allied subjects.

Few states have laws giving compensation and care for the sick. The ailments that develop must be incidental to the work at which the patients are engaged, and experience shows that most cases of this type are of a surgical nature.

It will avail you little or nothing to locate in a manufacturing or industrial center if you do not become favorably known to the insurance companies' claim agents. Hundreds of cases may be all around you and

bring you little or nothing unless you are acceptable to those in charge of this work for the insurance company or the concern. You must see these men often enough and long enough to create and leave a sufficiently favorable impression so that they will give you their work.

LIFE INSURANCE COMPANIES

Certain life insurance companies pay from \$3.00 to \$5.00 for an examination. If you locate in a small town you should write to all the better known companies and make application for the position of examiner for your locality. Be sure to state the place of graduation and give all other pertinent details. This letter should be typewritten on a good quality of stationery. After having been appointed examiner, in the event of a move to another locality, you should notify them to transfer your name to your new location. If you do not do this, you will find that it will not be an easy matter to become affiliated with the company again. It may be remarked that this is a small matter, but some of the best men in the profession are examiners today, and you will lose none of your prestige by doing this work. The more companies you can become affiliated with the better, since it is quite likely that many of the men you examine may become your private patients.

In the larger cities it is not an easy matter to secure an appointment. The way to go about it is to find the name of the Medical Referee of this territory and make application directly to him. Repeat your calls on him until you have become acquainted and friendly with him, and when a vacancy occurs, he will remember you.

It is the general custom in the larger cities to appoint men who have been in practice for some years in prefer-

ence to the younger ones, but it will be good policy to make an effort nevertheless, even if you are just a beginner in medicine.

COMMERCIAL HOUSES, STORES, ETC.

In every large city there are department stores that employ large numbers of people and many of these have some arrangement for the care of employees who become ill while at work. These stores employ one or more doctors to look after their help, paying them a fixed salary each month. If you wish to secure some of this work, or become affiliated with a store, you must call on and get acquainted with the proper person, who is not always in the same department, but usually the superintendent or service manager is the person to be consulted. You may learn this by inquiring of the Secretary of the concern. When a store has such a service, you can obtain a position there only if they will take on an extra doctor, if you buy the place of the one there, or displace some one who does not please them. In some of the smaller cities you may induce them to install such a system, and, in that event, you can easily become the head of it. The stores deduct a small sum each month from the pay of their employees and make up the deficiency from some general fund set aside for this purpose.

You will be able to get from such an arrangement a fair monthly income for your running expenses, amounting perhaps to about twenty cents per month for each employee.

This form of practice will not be a lucrative beginning for you in the way of immediate returns, but it will give you an opportunity to become acquainted with a large number of people, many of whom will employ you

to treat themselves and their family if you have gone systematically about making friends of them and have demonstrated your ability to them. Keep an accurate record of their names and addresses, and if you have an office, make them acquainted with this fact. If you do not have one, by knowing their name and address you will be able to send them notices when you do open your office.

Customers of the store will also need attention for any sudden ailments, and these too may become your friends if carefully and skilfully treated. Seize the opportunity to make them your friends by your courteous and painstaking attention. Their addresses are also to be noted, and in this way you can soon have a large acquaintance of responsible, substantial people.

The stores that give this form of service usually have an office for the doctor in the store, thus relieving him of the initial expense of opening and maintaining an office.

COMMERCIAL HOUSES AND BANKS

Some of the larger banks have arrangements for the care of their employees similar to those of the department stores. To become affiliated with one of them you will proceed in the same manner as was directed for the department store. Inquire for the one who is in charge of this work, call on him yourself, or let one of your friends who knows him make an appointment for you. The field in this form of practice is not so large and the opportunities are not so great for meeting people not connected with the institution, but there are excellent openings for the making of such friends as will be of great help to you no matter where you may later locate in the

city. In this as in every other position in life you should make it a rule to do the work you have in hand well and make yourself indispensable, and you will soon find that each position will open up others for you.

The best people of the community will, at one time or another, have reason to go to the bank, but, as has been stated before, the mere fact that they have money does not make them desirable as friends. Their habits do that. If they spend less than they make, have the wherewithal to meet all their obligations, and have a little left for a rainy day, then they are the kind of people you should cultivate. The other sort—the spendthrifts, who are always a little behind—are worthless to you.

Your connection with the bank will, of course, put you in touch with all the employees. When you get farther along in your career it will be of advantage to you to be able to obtain information that cannot be secured elsewhere, on a subject of which most men in the profession know the least. This will be the information relative to the right investment of your hard-earned savings—an investment that may keep you and your family when you are no longer able to practise.

MANUFACTURERS

In most of the larger cities there are various large factories. These have all been compelled to make some arrangement for the care of their employees. In those states that have industrial compensation laws, they may be divided into those who supply this medical attention themselves and those who have this risk carried by an insurance company. This topic was considered under the head of Industrial Accident Companies, but the salient features of it will be mentioned here.

To secure the work of such concerns you must receive your appointment from the insurance company that does the business, or from the concern itself if they handle the work directly. See the person in charge of this service, and if it is already organized and in the care of a physician, you must be appointed by him, buy him out, or displace him. Any insurance company that does not have a local staff of physicians will heed the request of the firms they insure. If a company makes a request for your services, they will usually employ you. You must give good service, be available at all times, and your qualifications must commend you to the insurance company. It will serve your interests best, after getting the manufacturing concern to treat their employees, to make friends with the claim agents for the insurance company.

This practice does not usually bring with it a large income, but it is an excellent start, and assures you a certain monthly salary. For the larger manufacturing concerns which have their staff of physicians, the position is a good one for the reason that, as before stated, you get a fixed small salary, can make many friends, and in a short time will have a large acquaintance in the families of the men and in those of others. Another feature that is advantageous is that this work does not take all your time and some of it may be devoted to whatever individual work you may get in your town. In this way you can sever your connections with the insurance work when you find it to your advantage to do so.

RAILROADS

The railroads have hospitals in all the centers of traffic. These hospitals are devoted exclusively to the

care of the railroad employees. They are in charge of a Chief Physician, and if you are located in a large city and desire this form of work you can get your appointment through this Chief. Letters and the other recognized forms of introduction are desirable, but in their absence you can go directly to him with your request. These openings are very difficult to obtain, since there is always a long waiting list. The salaries are not large, but the returns are good, and the positions are of great value to young doctors, those who become affiliated with railroad hospitals usually remaining with them as long as they can. You receive a certain salary and have time to devote to your private work. Your treatment of the men will in time secure you the practice of their families, and your work will keep you in active practice and will create for you an enviable reputation in a comparatively short time.

In towns situated along the railroads there is always an opportunity for doctors to be put on the staff for a section of the road. These positions carry with them no salary, as a rule, but a pass over any part of the line is usually given the physician. Certain junction points along these roads pay the doctors a small salary, usually not more than fifty dollars per month. The value of the position lies in the fact that you meet the men of the road and through them their wives and families and the traveling public, whom railroad men will refer to you at every opportunity if you make them your friends. Railroad men are peculiar—they are somewhat clannish. They may disagree with one another, but they are very faithful to the fraternity as a whole and to those who are associated with the road. That is why the men will send the traveling public to you. If you are the kind of man they like and

treat them as they should be treated, they have a feeling of intimacy with you that cannot be shared by an outside doctor.

STREET CAR COMPANIES

Almost every city in the United States has a street car system. The larger the town, the more extensive is the system, and almost always a medical staff is employed to look after the car men and those who may be injured. To become affiliated with the medical staff of one of these systems, proceed in the same manner as you would in the case of a railroad, the Chief Physician, in most cases, having the appointive power. The salary paid is small—often less than one hundred dollars per month. Like the railroad, it does not take all your time and enables you to keep busy and in your spare time to build up your private practice. These positions are difficult to obtain, since doctors who have these places retain them in most cases as long as they can. It will require more than one call on the one who has the appointive power and you will find the quest at times discouraging, but if this is the work you want, persist in your efforts. In all the larger cities the street car companies have their own hospital, or a ward in a hospital set aside for their use. To be connected with one of these roads will keep you busy a part of every day and will bring to you every form of injury and ailment. This will compel you to study and work to improve your operative and other forms of skill. You will meet good medical men and also many people of the community in which you live. If you exert yourself to treat them in such a manner that you please them and their friends, you will build for yourself a paying practice. In this as well as in the

other positions mentioned, you should keep an accurate record of the names, addresses, business, likes and dislikes of the people you treat. In this form of practice, as in others mentioned, it is very easy to fall into the habit of paying little attention to the people themselves. Your interests and those of the patients you treat are not very close and are sometimes hostile, as one injured by the street car company will not have any great regard for those who injured him. The settlements made by the company are seldom generous, and this will not make it pleasant for you. This in no way alters the effort you must make to do everything you can to please the people you are treating. It follows that you will have many failures in this variety of work because of the surrounding difficulties. This is no excuse for not endeavoring to minister to the finer feelings of your patients. Though you may not entirely succeed in completely satisfying the injured person with all you do in your dealings with him, he will know that you aimed to please and treat him properly. The memory of this will linger with him long after the accident is forgotten.

LABORATORIES

The trend of the time appears to be to depend more for diagnosis on the laboratory reports than on personal ability. This has resulted in the establishing of many laboratories to which physicians resort for aid in diagnosis. For the young man this is a good method of increasing his income for a time. He can secure a position as a laboratory worker and in this way receive a regular salary although, this is seldom more than a hundred dollars per month. The one serious defect in this work for the young man who intends to go into general practice is that

during the time he spends in the laboratory he is unable to meet people, which lack of acquaintance will seriously handicap him when he enters practice. Even if he did secure some of his fellow laboratory workers for his patients, the number would be few and therefore of little value. There is no advantage in this kind of work for the young man unless he needs the financial help.

Laboratory work can be of distinct value only if you have selected it for your field of endeavor. If that is the case, spend some time with one acquainted with the commercial methods in vogue in your locality and learn all you can before you establish your own laboratory.

In certain places where no laboratories are convenient it will be a good plan for the young man to do some of this work for the older men. Many of the older graduates have neither the time nor the inclination or ability to do laboratory work. The work they require done is usually sent to the larger cities, where there are facilities for doing it. Many of the ordinary tests can easily be performed by the younger men with a very small equipment and at little expense. This will make you favorably known to the men in your locality and bring you a steady, small income.

ANESTHESIA

In most of the city hospitals it has become the custom to employ a physician to give the anesthetic in certain difficult cases. Some of the visiting doctors often prefer to have the anesthetic administered by some one who has had more experience than the internes. This is a good field for the young man and will occupy most of his forenoons, leaving the afternoons free for private work.

The position is usually appointive, resting with the

Board of Directors of the hospital or the superintendent, but each hospital will have some arrangement peculiar to itself and inquiry must be made to ascertain who the proper person is to approach. The compensation that these positions carry is a matter of arrangement with each institution; usually it is a certain sum for each case anesthetized, rather than a monthly salary.

If you intend to make a specialty of anesthesia, the larger the institution you can get into, the better. But if this is undertaken to add to your income until you get a start, it will not be wise to continue long at this work for it gives you no opportunity to get acquainted with patients. All it may do is to familiarize you with the operative methods of different surgeons and to gain their friendship. The money you receive, the friendship of the doctors you meet, and the acquaintance of the hospital management are all the benefit you will derive from this work if you intend to go into practice for yourself. This is good so far as it goes, but will not carry you very far in securing work of your own.

MINES

Many of the large and well-established mines in this country have a hospital and a medical staff of their own, paying the latter a monthly salary in most cases. These positions are valuable, and the young men who are fortunate enough to get the places hold on to them. The value of the position is similar to those in industrial insurance concerns, the large railroad hospitals, and the street railroads. Such a position enables one to do the work of the company and still have time to devote to private practice. It gives one an income from the start, and in addition relieves one of the expense of fitting up an

office, with the other incidentals that naturally follow. Another feature of this work is that you can definitely determine the kind of work you like best and for which you are best fitted. Mines usually have a medical adviser and other physicians for women, children, and other branches of practice.

There are many smaller mining concerns and mining sections that do not have a hospital or a staff. In such a community one may do this work on contract with one or more companies, the charge generally being so much per man per month.

In the case of the large companies, the positions are appointive by the chief physician or the secretary. In the smaller mining concerns, a connection may be secured through your own efforts by means of the officials or the manager.

The secretary of the chamber of commerce of your city will be able to give you the names of all the mining sections and also those of the larger and smaller mines. From this same source or from the stock exchange you can ascertain which are the successful and busy locations and firms.

A properly written letter sent to a number of mines and mining communities will soon permit you to decide which one offers the best opportunities for your purpose. The first letter should be written on the best grade of stationery and should state full details as regards your schooling, recommendations, etc.

SHIPS

Ocean liners offer a good opening for certain kinds of men, such as those who do not wish to settle down at once or who do not have the money to do so. These

positions pay a small salary—about fifty dollars per month and all equipment furnished. The main income from this practice comes in the way of gratuities or tips from the passengers. The men on some of the larger vessels are able to earn from a hundred to a thousand dollars per month from this source, but, of course, the larger incomes are the great exception and the majority of them do well if they make an additional revenue of from one to two hundred and fifty dollars per month. The worst feature of this practice is that you have no home, and can not acquire any private practice. The people you meet you may never see again, and the best function of ship practice is to give you some experience with the world and to enable you to collect enough to give you a start in private practice.

The positions are appointive, usually through the manager. A letter to him or to who ever does the appointing is the best method of approach.

SOCIETIES

Beneficial societies that employ a physician for examinations and for medical services to their members, and perhaps to their families, serve a very useful purpose in enlarging your acquaintance. Such a connection will give you a certain small fixed income for your early start. The best type of fraternal order is one that does not give services to the family, but only to the members. By treating the members, you will naturally become acquainted with the remainder of the family and you will thus be able to treat them for a fee, perhaps a smaller one than usual, but which will bring you some income and make you better known.

You should not make the mistake made by many

doctors of serving the same order for years. The best you can get out of any society will be to make acquaintances and the opportunity it gives the members of becoming familiar with the character of your work. If you remain too long they will have less respect for you as time goes on, and you will become known as the "lodge doctor." Past experience has shown that you will not be able to retain these lodge members for your private practice after you leave the order. Out of a membership of two or three hundred you will do well if you can keep four or five families for your private practice when you are no longer the lodge doctor. No matter how popular or how successful you may have been, they will not follow you.

ASSISTANT TO ANOTHER DOCTOR

If you know just what you are best fitted for in your life work, it is an excellent plan to associate yourself with some established physician, one whom you have met during your college career, and act as his assistant. More can be learned of the intimate things that go to make up some specialty in this way in a short time than in any other, if you are fortunate enough to get with the right man. You will be able to observe things that it would take you many months or years to learn in your own practice.

To be a really good assistant you should, of course, study the needs and desires of the man you are working with and endeavor to anticipate his wants. This applies to operations in which you may be assisting and to the calls to be made on patients. You will learn of your preceptor his manner of meeting, treating, influencing and directing patients, which is an art. Each man, with practice, will develop methods that serve him well,

methods suited to his personality and that of his patient. The fact that he can do and say things in a certain way does not mean that you will be able to do the same, or, that it would even be advisable for you to attempt to do so; but it will serve as an example of how important are the meeting, handling and influencing of patients.

While the opportunity to observe the closer details of operations performed by your preceptor and the results he obtains will be a great aid to you in your own work, you should not remain an assistant too long. You can assist for years and not become an operator or whatever the men with whom you are associated may be. Only by doing the work on your own initiative and your own responsibility will you gain that quality of judgment and expertness required to make you a success. There is still another reason why this association should not continue indefinitely. You can secure a practice only from among the patients of the man you are assisting, and to the right-minded physician this is not the thing to do. After you have learned the methods and practices of your preceptor you should go to some location of your choice and work on your own responsibility.

CHAPTER VII

OFFICE EQUIPMENT AND MANAGEMENT

THE OFFICE

It is folly to expect a ten thousand dollar man to exhibit his wares properly in an office with a hundred dollar equipment. This is what many medical men try to do and they wonder why results are so poor. A diamond looks out of place among a lot of shabby finery. Properly mounted and placed alone in a window, and the person most ignorant of the value of jewels will be attracted. This is the same position that the young doctor occupies. His start should not be marred by a poor office and poorer furniture. Just as I have shown that his clothes, his shoes, and everything about him should be clean and in good taste, so should his office be of the best selection and harmonize with the occupant. This will give him that opportunity to display his skill and to receive the reward to which he is entitled. This principle applies to the large city and to the small city and to every place where a man is to get the best he can out of practice. There are communities that do not require the same precision and excellence demanded in the cities. The people who live there, however, did not always live there, perhaps, and they know what is the right and proper thing. It is to your interest to be of the best rather than of the poorest. It is much easier to furnish your rooms with taste and refinement in the beginning than to start with poor furnishings with the expectation of getting better ones later. To start badly will create an unfavorable impression

which may be lasting. It is better to have a few good things than many cheap ones. Furnishings of good taste for a small reception room will not cost very much more than poor ones. If you cannot pay cash, you will probably be able to obtain credit.

No community in the country is so far removed from civilization that many of its inhabitants do not know what the offices in the cities are like.

Every effort should be directed toward making your reception room what its name implies—a place to receive people. It should be an inviting, home-like place and not suggestive of operations, pains, aches, and blood. Let the colors of the walls, rugs, furniture, pictures, shades and curtains harmonize. The room should be kept in the same order you would keep your own library or that of the *best* people who might come to you for service.

The reception room should contain most or all of the following things: a center table, a jardiniere with a potted plant or an ornamental lamp. If your building is lighted electrically, the globes should be of the decorative variety, not the plain, cold, and ugly things that are ordinarily seen in such offices. There should be a good rug or carpet to harmonize with the color scheme of the furniture and the walls, one or two comfortable rockers for nervous persons to work off some of their excess energy or nervousness upon, and a few straight-back chairs; plain clean curtains at the windows, and a few good pictures or paintings on your walls. Do not have the old standard picture of the bewhiskered doctor sitting at the side of a sick youngster on an improvised bed of chairs. Patients have enough miseries of their own without inflicting those of others on them, even in the

form of pictures. A tray on the center table holding your business cards, a book-case filled with medical and other works, a hat-rack and an umbrella rack should also be provided. Current numbers of picture and short story magazines should be on the center table. Many doctors keep a large quantity of old dog-eared literature scattered all over the place.

The consultation room should be furnished in the same harmonious fashion as the reception room. Roll-top desks have some advantage over flat-top ones. The room should be well carpeted or there should be a good rug. The diplomas of your school, the license of the state, and other papers of value are to be hung here. A case record cabinet containing patients' records and two simple chairs of good material for your patients should be part of the furniture.

If you start with but two rooms, your examining table and other operating paraphernalia should be arranged in an attractive manner about the room. If you can, by all means have three rooms, your operating or treatment room opening off the consultation room. If this cannot be had, the next best arrangement is to have the consultation room divided off with a screen, so that your patients may undress and prepare for their examinations in partial privacy, at least.

The consultation room should have the best light, a good natural light being almost essential for diagnostic work. Many of the finer points of the skin, eyes and other details will not be visible under artificial light. Let your desk or chair be so arranged that the light will be at your back and in the patient's face. This gives you the advantage of making a better inspection and of screening your own face from them when you wish to do so.

Another strict rule you should adopt from the beginning is to have a place for everything and see that everything is in its place. Do not make your desk the repository of the odds and ends of your office. Have it clear of papers, drugs, samples and literature. Do not let your unfinished correspondence accumulate on your desk. Do each day's work on that day. Write your letters when they should be written and file your answers in your letter file. Have your desk clean at the close of the day, just like the counter of a good store. Arrange your desk so that you can find things when you want them and people will soon learn that you are careful.

Label drawers and pigeon-holes of your desk and see that they contain nothing but their proper contents. In this way you will be able to go to your desk at any time and find the things you want. Thus, when a patient is observing you, he will note that you have complete mastery over your affairs. Knowing where things are will be a source of complete satisfaction and lack of worry to you, and will create in the minds of your patients the belief that you are a careful and methodical man. This is what you should aim to be, and it is just as easy as always to be hunting and never to be able to find the things you want when in a hurry.

The Operating Room or Treatment Room.—The ideal arrangement for the treatment room is one by which your patients may go from your consultation room into the treatment room and out of your office without passing through the reception room. A very desirable addition to the operating room is to have one or two very small dressing rooms for your patients, situated between the consultation room and the treatment room. These will enable you to treat one patient while another is undressing,

or one can be dressing while another is preparing for the examination or treatment. I have known some genito-urinary specialists to have four or five of these tiny rooms, and they were able, by this method, to go from one to another without the loss of time occasioned by having but one room. This may not be possible to the beginner, however, but can be borne in mind for the time when such need arises.

One thing every treatment room should contain is a corner shut off by a small screen where the women may arrange their things and adjust their apparel. On a stand should be some of the small toilet articles that women commonly use—a large mirror and a hand-mirror, comb and brush, powder jar and puffs.

The time consumed by patients in preparing for or in dressing after examination may be utilized in completing your case records, writing your prescriptions, or ushering the next patient into the other dressing room, if you are so equipped. Even if you have none of these, the interval elapsing between the close of the treatment or examination and the return of the patient can be used by you in giving thought to their treatment or for planning the further handling of the case.

This arrangement will depend entirely upon the type of practice you are engaged in and will differ in the cities and in the smaller country towns. In the larger cities it should never be used for more than a treatment room and for the smaller of the minor operations. This is not because operations cannot be performed here just as well as in hospitals, but because people do not think they can be. More than this, if anything should happen in the office—the death of a patient, infection, or any other unfortunate termination—you will at least be open to

censure—you will, in case of death, receive undesirable and harmful publicity, and most likely will have a damage suit on your hands as well. It is presumed that you are to give the cases that come to you as good treatment as any other physician in your community. In the event of untoward circumstances or death, the opposing attorneys can show that you did not use the necessary care and may cause you considerable trouble. Do not take any chances by treating the patient in your office if the case is one that could better be handled in a hospital. I know of many who have done this and regretted the day they ever started the practice. Some of them never lived down the injury such a suit had caused them.

Your equipment should be complete, so as to enable you to treat all cases that may come to your office. The variety will depend somewhat on the character of work you are doing.

The city man in general work should have a good operating table, a sterilizer, instrument cabinet, dressing stand and medical preparations, instruments of treatment and examination, examination chair, settee, irrigating stand, office medicines, and such instruments as will meet the particular need of the work in which he is engaged.

The instruments needed in your office for city work should include the following:

Specula for the eye, ear, nose, vagina, rectum. Sounds—graduated from No. 6 French to No. 30.

Catheters from No. 6 to 24, with two filiform solid silk catheters. One dozen fine filiform whalebone bougies, with one carrier No. 16 French.

One metal catheter with filiform bougie attached.

Three Guyon catheters—Nos. 12, 14, 16.

One good razor kept in such condition that you can shave instead of scrape or pull hairs.

One magnifying glass for locating particles in eyes.

Shears: bandage, straight, curved, curved sharp,

Dressing forceps: rat tooth, plain, ear, splinter, uterine, of the Hegar type.

Assorted needles, and catgut and other sutures for minor wounds.

Needle-holder, small retractors, hemostats: plain and mouse tooth, and curved.

Two 6-inch probes, and a grooved director.

Tongue depressor, wooden applicators, head mirror.

Knives, one fine cataract, three operating knives graduated sizes upward; small carborundum hone.

Esmarch tourniquet.

One and five cubic centimeter Record syringes, with gold and iridium needles.

Medicines, antiseptics, bandages, gauze, splints, 3 in. adhesive 5 yds.

Dental syringe with long gold iridium needle for injecting tough skin of hands or feet.

Office antiseptics will be in your dressing or specialist's cabinet.

Stomach pump.

Curettes—for ear, and small and large for wounds.

Snellen's test letters.

Office Dispensing of Drugs.—For those who go far into the country or those who take up some form of contract practice, there are large firms who supply a full line of tablets, containers, stickers, labels, etc., and who will furnish these to you. They have special cabinets also for holding their preparations. In the smaller towns and large cities one should not attempt to go into the drug

business. The field of medicine is quite large enough for any one.

Signs.—The signs on the doors and windows in the cities are usually regulated by the building into which you move. Many office buildings will not permit signs to be placed on the outside while those that do usually have a sign painter put these up for you. They have a uniform size for each floor. Buildings which have no regulation in this matter allow you to use your own judgment. If you do have signs on your window, have them lettered in gold and of the best workmanship. Signs will not be of much value above the third or fourth floors, for while they may be made large enough to be read, the great majority of people will not look up high enough to see them.

The signs on your door should be of good workmanship, and should give your name, office hours and residence.

The doors leading to your office should also be labeled to show which is the consultation and operating room and the rooms that should not be opened should be marked "Private."

Your Personal Cards.—Your cards should be printed on a good quality of board, so that when they are handed out, they will not create the impression that you are cheap or poor. They should be printed by the best printer you can find. If you wish to have them engraved have the lettering in such type that no one will have to guess what your name really is. The letters should be plain, of tasteful workmanship and conservative as to form. In other words, have your cards show that you represent a refined, legitimate, dignified calling.

Your card should contain the pertinent matters about your business, which include your name, address, business

hours, and telephone number. Your home address and hours there may be used, but it is a good plan not to have so much on your card that it presents a crowded appearance.

Office or Business Stationery.—Professional stationery is not given the attention that it deserves. When you write a letter to a stranger, your letterhead and what you say are made to represent yourself. In beginning practice, in country or city, many letters must be written. Communications must be sent to the various concerns that you are not able to call upon in person. Your letterhead and its contents will often determine whether your proposition is to be accepted or refused. Few people will admit so simple a thing as good stationery made them give one proposition more consideration than if it had been made on poor material, but it is a fact. All business men know and are influenced by the character of the communications they receive.

Compare the letterhead of the best jewelry store in town and the letterhead of the kitchen mechanic or ice man or any of those who do not pay attention to the finer influences that tend to make for favorable opinion.

Have your letterhead of good quality paper, properly engraved, embossed, or printed in the best possible manner. Let it state only your name, title, business and location.

Telephone.—This instrument has become of equal importance in practice as the stethoscope. It is necessary that you have your arrangements made for the listing of your name in the telephone directory before you establish an office. It takes weeks, and sometimes months, before one's name appears in the directory. Try to make the reservation for your office phone so that your name will

appear in the directory in time for the opening of your office. Be sure to make an application for the right number; that is, a number that is easily given and easily remembered by your patients. This can readily be done if you proceed about it properly. Go to the telephone company direct, tell them in what building you are going to have your office, and ask them to give you the numbers of phones it is possible to assign to you. Out of these you can then select the one that will be most readily called and most easily remembered. The numbers, one, three, six, and seven are heard with the least difficulty. Therefore try to get one, three, six or seven hundred or thousand. Next to the numbers ending in thousands are the hundreds, like one three hundred, one four hundred, etc.; after these come the serial numbers, 1230, 2340, 4560; after these the serials 1234, 2345, 4567, etc. The number of your phone may appear a small matter, but a thing you may use for a number of years becomes important. Everything that may be of aid to you is important. People are generally lazy minded. If you can assist them to remember your number, it is certain to mean many calls that a number difficult to remember or to hear would cause you to miss.

Imagine the woman who has an emergency case at home. She rushes to the phone and calls the number that she can first bring to mind. If you have a number easy to remember, this would greatly influence her in your favor. She would rather have someone that she can call at once than to have to hunt through the book. Picture a man going to the phone and calling a number hard for the telephone operator to understand and getting the wrong party two or three times. He gets angry and calls someone else.

The number that is easily called and easily understood by central will save you many a useless answering of the phone that is intended for the number that sounds just like your own.

The Office Nurse or Attendant.—When you first take up practice there will be no real need for an office nurse. But when you go into the office of another doctor and can afford a nurse it will lend tone to your office and will also relieve you of a great many cares. A good office attendant is rare and difficult to find. She can make appointments for you, keep out the idlers, agents you do not want to see, assist in keeping a record of your appointments, and in general be your representative when you are not in the office. I would advise every man to have some one in the office to attend to his affairs as soon as he possibly can. If you do not feel that you can afford one at once, endeavor at least to make arrangements to have your telephone calls answered until you can afford to have someone do this work for you exclusively.

In the matter of age, an attendant who has passed her early youth should be selected, one whose habits are reasonably steady and who has need of the income the work may give. A regular graduate nurse whose health does not permit her to do regular duty is an excellent help in an office, or a married woman who wishes to augment the family income and is a good reliable worker is a useful adjunct.

The selection of the office assistant should be made with the purpose of supplementing some of your own personal deficiencies, such as inability to remember names, diseases, circumstances, to look over your patients and note mental and other characteristics, to overcome careless habits as to appointments or office accounts. A

good office attendant is a great help. It is poor policy to make many changes in your attendants. Every change means additional work for you and is an element of strangeness for your patients. The main things to look for in an attendant in addition to those mentioned are neat appearance, cheerful temperament and voice, and the ability to greet patients graciously and make them feel at ease.

To be of real value, the office nurse must have still other qualities. One of them is an interest in her work and in your practice. If she does not have this interest, it will be shown in her actions. She will give patients the impression that she is doing them a favor by taking their message over the phone. She must have a voice of good quality, business like and insistent. She needs this to convey to your telephone callers that there is someone in your office who is interested in their wants. She must be not only willing but have a desire to accommodate them and learn their wants. The calls will be for you personally or to make appointments. When these calls are for you, she must be able to give them definite information about you. She can do this only if you cooperate by keeping her informed of your movements.

No patient should ever be told to try to get you anywhere. Your attendant should make the effort herself and let the caller know that your office will be pleased to send definite word in a few minutes. By showing this helpful interest the patient will usually give the nurse an inkling of what she desires information about. This will enable the office nurse to give you the details and, more than likely, make it possible for your nurse to complete the answering call with the full information desired without troubling you.

The making of appointments should be so arranged between you that the nurse need not hesitate as to the time a patient may call at the office and expect to find you. When a patient is given a quick, positive reply that the doctor will see you at such a time, this is fixed in her mind. She feels that she can depend on a man who has such an obliging and business-like person to attend to his affairs. It now devolves on you to see that these appointments are kept. If you do not keep the appointment at the office or the residence in a reasonably prompt time, you lose the call and the confidence of the patient.

The next important point to consider is the transient stranger who wanders into your office. No matter how efficient your office nurse may be or how well appointed your offices, strangers will not wait for you unless they can be definitely assured as to when you will return. Even then they will not wait very long. Of the transient patients who come to your office and leave without receiving attention, but who promise to return, you will see not more than one out of the ten. I do not know why—you just don't. If you want transient practice, you must keep in touch with and attend to it. Everyone can be made into a prospective, steady patient, if given service.

The Automobile.—The automobile has taken the place of old trusty Dobbin. For your early start in practice in the city it will be the better plan for you to hire your machines for those calls that must be made in a hurry, than to buy one of your own. No matter how cheap or expensive a car you buy, they are costly to maintain. They are indeed a luxury until you can have sufficient need for one to warrant you in buying one. The average car will cost you six hundred dollars per year to maintain.

This would pay for many rides in hired taxicabs. In the country it is a different story. Some means of getting about you must have. The small cars that are light and give good mileage on tires have a low upkeep and a good second hand value are the cars to select. Enclosed cars are better than any other for the doctor. They tend to keep clothes, hands, face and general appearance neater and cleaner than the open car. In rainy or cold weather the physician does not get so cold and wet as in the open car, and when he goes in to see his patient, his hands are not icy and rough.

To be of the greatest value to you in the cities your garage should be in or near your residence. If you do not have such an arrangement, you will make many a useless night call. Patients in the city will call several doctors at once and take the first one who arrives. Unless your car is close at hand and immediately available, it will be best to make hurry calls in a taxicab, rather than to try to get your own car and find another physician attending the patient when you arrive. This does not hold good in the country. Here patients will know you better and are not in such a hurry as are most patients in the city. This does not mean that you can take your own time to answer calls in the country. Hurry calls come there as elsewhere, and you must make adequate provision to give the patients the service to which they are entitled—a service that is as prompt as any other doctor can give.

Library.—The books you used in your studies will form the nucleus of your library. They may be all that you can afford. If you can afford other works you certainly should have a book on each of the medical and surgical specialties. It is only rarely that one has these on finishing school. Get the single volume works on

the subjects that are not covered in your present library. In this list should be included a good general dictionary and a reliable medical dictionary.

The copyrights of the works are changing so rapidly at this time that one should buy the cloth-bound books. Systems soon get out of date, and the information they contain cannot always absolutely be relied upon. For this and other reasons it is not good policy to buy them at first if at all.

Books are usually more reliable than periodicals. They are not so completely abreast of the times, but they do not contain so many conflicting opinions. The subject matter of books has a slight advantage over that in the magazines, in that the authors have usually taken more time to prepare the statements they contain.

Medical Journals.—The Journal of the American Medical Association and one or two others will furnish you with all the literature you absolutely require for your start. As you go along and find the need of some other special journals, this can be added.

Periodicals for the Reception Room.—One or more magazines for your patients to read should be on your center table. The picture magazines appear to be more interesting than those containing simple reading matter. Most patients are not in condition or in the mood to pursue any lengthy article to the end. Pictures and some short reading matter of current events attract most of the office callers.

Whatever magazine you have on the center table, see that it is the current number. Do not allow old, dog-eared, out-of-date magazines to clutter up your place. If you cannot have magazines of the current issue, and in good condition, on your table, do not have any.

The Medical Bag.—The bag the general practitioner of the city will find of the most value is the one known as the Chicago Bag. This bag affords sufficient space and facilities for carrying all the things most often needed in general work.

The many pharmacies of the city render the carrying about of remedies useless. The bag is used for holding the instruments and antiseptics most common employed—the diagnostic instruments, minor operating instruments, treatment material, and antiseptics. It is divided into two compartments: The upper one is intended for the antiseptics, the dressing material, bandages, diagnostic instruments, such as the stethoscope and blood-pressure apparatus. The lower compartment contains a sterilizer. In this sterilizer the minor surgical instruments and specula may be carried.

With this form of outfit one may treat the minor ailments, medical or surgical, without an extra trip to the office.

An excellent plan is to ascertain from the one calling you the nature of the ailment, if possible. Most of these will know something of the character of the ailment of the one they are calling for, and whether it is an accident, a hemorrhage, etc. This information will enable you to take with you the things likely to be needed to give the ailing one proper attention without the trouble of returning to your office or sending some one to the druggist. This will save you time and also relieve the patients of the anxiety induced by delays.

Those men who may be more fastidious about the size of the bag they carry will want their diagnostic instruments in one bag and the minor operating and dressing materials in another. The first plan is the better for the

beginner. The particular instruments to be carried are matters of individual choice. The list will vary with the case to which you are called and the tastes of the doctor. I have found excellent use for the following articles: Wooden applicators, minor surgical pocket case, specula for the ear, nose, vagina and rectum, flashlight, small magnifying glass, uterine dressing forceps (Hegar type), uterine packer, Record hypodermic syringes, one c.c. and five c.c. hypodermic tablet case, horsehair, catgut and needles, hemostats, curved and straight, stethoscope, blood-pressure apparatus, soft rubber and silk catheters, adhesive plaster, bandage, surgical gauze gloves, head-mirror and lubricant.

With this outfit all the examinations can be made with relative thoroughness. All the minor surgical ailments can be treated and the minor surgical dressings applied. The minor accidents can be attended to and prompt temporary dressings applied. Any other more extensive operating can then be taken care of in the usual way. The reason for carrying the large assortment is that you will find that the great majority of people have about the same regard for the hospital as you would have for a maimed hand. They dread hospitals on general principles. Hence you should aim to serve them without making it necessary for them to go there. Of course, certain cases must go there to be properly treated. All the cases you do treat must be treated right—this you would, of course, do of your own accord—the minor cases can and *should* be treated without subjecting them to the ordeal of going to a hospital.

The Strictly Medical Bag of City Use.—This will not need to hold more than the diagnostic instruments, light, head-mirror hypodermic tube case, and hypodermic

syringe. Each one will have his antiseptic as well as his lubricant of choice, and each of these should be included. Every man must select for himself the medicaments he will carry in the city. I would advise the carrying of none, with the possible exception of some good purgative pill that you may give those for whom you prescribe other medicines.

The Surgical and Obstetrical Bag for Country Use.—For the obstetrical case, in country work, a reasonably complete outfit should be carried. Facilities for sterilizing your instruments and the various things needed in this work should be included. Each one will have his own pet variety of forceps and other surgical instruments he may need in this work, as well as an antiseptic and anesthetic, gauze, cotton, gloves, etc.

The surgical bag for isolated country work should contain the same instruments and in addition those that were advised for city work. Some of the most successful of the country practitioners make it the rule to carry all three bags in their machines. This enables them to go to each case and always have their entire outfit with them. Thus they are prepared for any emergency that may arise in making the distant trips to patients, without the necessity of returning to the office for some essential that is in another bag.

CHAPTER VIII

OFFICE SYSTEMS AND ACCOUNTS

You must have some system of keeping accounts. Whatever system you select, should be started when you first take up practice. The most perfect system devised requires attention and work—none of them will operate automatically. Some require greater amounts of time and duplication of effort than others. Every system has certain features connected with its operation that may not be ideal. This may be said of the old systems—they are not suited to present-day requirements. The Daily Journal Ledger and pocket visiting list, so long employed and commonly used at the present day, are no more practical or efficient than the methods of surgery that were in vogue a hundred years ago. Their defects are many and their advantages few.

The defects of the pocket visiting list are: It necessitates writing the name of your patient on a page with all the others visited or to be visited for the week. The lines are cramped, the space is small, and little provision is made for the address of your patient, none for history, diagnosis, prognosis, or treatment. No adequate space is left for the entry of the charges for your services or what may have been paid you on account, there being only two spaces provided for the services for the week. Symbols must necessarily be employed if any note is to be taken of the character of the services rendered, and

one's memory of each case must supply the missing facts when these are needed.

By having all the names together it is difficult at times to make the entries when they should be made, because of the presence of the patients friends who can thus see the number of people you are treating. This form of book also requires that one carry a prescription book. When you make up your record of the case in the ledger, you have the facts of each patient scattered in four places—on your visiting list, prescription pad, daily journal, and ledger. Four different entries have been made to complete one visit, and after you have gone to all this trouble, all you have in your ledger will most likely be a date, name and the charges (11/ 17/ 20—John Doe—\$3.00). How you received the call, the character of the ailment, the symptoms of the patient, how you treated him, and what you prescribed are left to your memory. Should occasion ever arise to refer to your treatment, or to what was done for him, it would necessitate looking up this case in four different places, and, if past experience is any guide, finding nothing of an explicit nature, written at the time the services were rendered, to refresh your memory of the case.

The essential thing in any system is that all the matters pertaining to any case should finally be found together. In addition to being together, the records should be in proper sequence, and the events, circumstances and treatment should appear in the order in which they occurred.

The daily office journal has the same deficiencies. There are provision and space only for the patient's name, address, and charges made. The reasons for the charges, the history, and the other essentials are left to memory.

There remains the task of transferring these names, dates, etc., to the ledger. It is natural, that with each new writing of a name or other detail there will be a tendency to abbreviate rather than enlarge on the previous notations. This daily journal has the same disadvantages as the pocket visiting list. Patients who may be consulting you can learn the number of people that you are treating. This knowledge tends to cause you to postpone the writing in of the name of the patient until after they have left. About this time perhaps someone calls you on the phone, a hurried caller knocks at your door, mail arrives, a package is delivered, and the last call is forgotten. Every call so lost means more than the loss of the value of the services you have rendered—when your statement is given to the patient, he will frequently notice the oversight on your part. This will be pleasant to many, but you will at the same time suffer in their estimation, for they will know you to be careless in your methods. Though they have the advantage this time, they may feel that you might overcharge them the next time. You owe your patients as careful attention regarding the keeping of their accounts as you do to treating their ailments, and just as certainly you owe to yourself proper returns for services rendered.

A further objection is that your receipts that are given to patients cannot be filed in your ledger or journal or visiting list. As a result, many disputes will arise with patients over the alleged payment of bills, and over the amounts and the number of visits.

All receipts should be made out in duplicate—a copy for the patient and an original for your own records.

By this system, when money is paid to you while on a call, a receipt is given. It should be written in your

record, in your journal for the day's work at the office, and transferred to the ledger. Again you have duplication of effort to no advantage.

THE CARD SYSTEM AND THE SPECIAL DAILY CHART METHOD

The essentials in considering the system for your use should meet the following requirements: It should (1) be portable, (2) complete, (3) practical and (4) legal.

1. *Portable*—since a large part of your work is done outside your office. Experience has shown that one's records, to be accurate and complete, must be made at the time of the visit.

If you have a combination history sheet, prescription blank etc., with you, everything will tend to facilitate your making note of what the conditions were, the symptoms, and what was done for the patient. Such a sheet will aid you in making notes on how your patient is progressing, and the prescriptions you write become a part of your daily record of the case. Should a payment be made you, this also becomes a part of your daily record, because of the fact that you issued a receipt for the same.

Provision is made for a note as to your next visit. In this way you safeguard yourself by having a reminder, and your patients by making more certain of giving them attention at the time promised.

2. *Complete*.—All the details of every visit should be capable of being completed at one writing, so that your first entry is all that will need to be done. Thus when you return to your office all that remains to complete the clerical part of your day's work is properly to file your records which are already made.

3. *Practical*.—Any system that is not practical and does not meet your whole need is valueless. It is possible to have such a complicated system and such extensive detail as to impede rather than assist you in your work.

4. *Legal*.—For the reason that every case you take carries with it an obligation, your records, properly kept, will assist you in the care of the worthy and protect you against the schemes of the vicious. Copies of your prescriptions, with the cases for which they were given, will serve to correct errors that the druggist may call to your attention. They will also protect you from any errors that he may make.

This plan of having copies of all recipes, directions, diagnoses, and any remarks the patient may have made protects you in your dealings with the patient, hospital nurse, or friends.

These things are patently not possible with any system that does not permit you to make the records at the time of the transaction.

The card system is excellent for a purely office practice, but even in this case no provision is made for filing the prescription with the card, but necessitates writing it on the card in addition to writing the original prescription. No provision is made for the receipts for money. No adequate space is allowed for the making of notes of symptoms or other items of importance. The lack of these two essentials makes the card system troublesome and laborious even for office work. An office nurse who is careful and methodical will overcome this part of the defect, but this does not make up for the lack of having a duplicate of all prescriptions, appointments, notes as to condition, conversation, and receipts for payments on account.

The following suggestions for an up-to-date and practical office system have been prepared especially for this book by the McCaskey Register Company, of Alliance, Ohio, probably the largest manufacturers of this kind in the country.

Paramount in its importance to the physician and surgeon of today is an office system of accounts and collections that will rank with the most modern devices used in the commercial world for safeguarding the financial affairs of the individual or concern. The old methods used by physicians in handling accounts are responsible for the reputation the doctor has as a poor business man. Memory is an unreliable monitor when dealing with financial obligations. The Daily Journal Ledger belongs to the stage-coach days of American pioneer life. Today we use the automobile. The world moves on wheels. The up-to-date system of accounts is the development of the past decade; it is a single entry, method with but "one writing," keeping every record, serving every need.

Many of the profession today permit themselves to use the "old way." They still scribble the names of patients on a tiny page of a pocket booklet, using signs and symbols known only to themselves to aid a decrepit memory work account plan. They are known as "the doctor" and they get their reward in money when all other bills have been paid. This too often means that past due accounts are never paid, for the legal standing of a physician's accounts which are purely verbal and written in sign language, do not hold good in court.

As the years roll on medical journals fill their pages with the need that exists for better business management of the doctor's affairs by himself. Certain states have passed laws requiring that all doctors caring for cases of

industrial disease keep case histories. Other states have gone even further, and bills have been presented urging that every case handled by a doctor be recorded by him in a permanent manner. The call for the awakening of the doctor is sounding louder and clearer, and the system of modern business accounting is forcing its way into the doctor's financial affairs and thus raising the plane of his business standing.

Modern business efficiency demands a system for the doctor that would stand, hold in court, show charges and histories, prescriptions and details. The system must be complete. The doctor should be able at all times to put his hand on any case, past or present, and without depending on his memory to aid him as to definite conditions in the past. Leaks in memory can become leaks in life to the patients, and result in leaks in hard-earned dollars to the doctor. A practical plan is the only one which the doctor can afford to follow. Cumbersome records require repeated rewriting, and any method which does not fill the entire need is valueless. Finally, the system must come up to legal requirements. The original entry, made within less than twenty-four hours after service is rendered, and preferably at the same time, must be available for legal situations. The original entry is the only one that will stand in court. Further, the original entry can and will check the doctor's and the druggist's mistakes in the handling of prescriptions.

What systems are available? Not the daily office journal; this is a relic of yesterday and of poor business methods. The card index plan? This is not complete, does not offer satisfactory settlement of financial obligations, fails to provide for new developments or give space for the recording of prescriptions, etc. There are many

methods by which doctors keep their accounts, but there is a new and modern way that is being favored and accepted by the most enterprising physicians and surgeons all over the country—the one-writing system.

This system, which is known as the McCaskey “One Writing” Method, operates with automatic precision in caring for the doctor’s accounts and case histories. Inasmuch as no system will run itself, this method requires attention at the proper time, but with the original entry of facts concerning the cases no repetition is necessary. The entire record is available from the first entry, and little time is required by the doctor to keep the system working.

There is a size and a style to fit every man’s practice and specialty, and they may be had at a price to fit almost every man’s purse.

In conjunction with the secretaries, cabinets or safes which are furnished to hold the system, as used in the office, is the leather pocket history case, which furnishes the portable requirements of the system, and the pocket ledger, a collection adjunct of unusual service to the doctor. The successful outcome of this system has been to remove the last vestige of slovenly business methods from the doctor’s office.

Its simple manner of operation is explained in the following paragraph:

In order to visualize the action of this system a typical demonstration can well be made. The names, of course, are fictitious: Dr. Henderson of Sacramento is called to the home of Mrs. Sharpe. Her daughter Ethel is sick. Since Dr. Henderson is a follower of the McCaskey Method, he carries with him his pocket history case. In the case is a slip in a pocket marked “Calls to be Made.”

Mrs. Sharpe's name is at the head of the slip, because she is the one to whom the account will be charged. At the bedside of the patient Dr. Henderson takes out this slip, the details of which, perhaps, were taken over the phone. He records in the blanks provided the necessary facts covering the history of the case, his diagnosis, etc. If he wishes to prescribe for the patient, he turns this record slip over on the carbon of a duplicating pad in another pocket of the case, makes out the prescription at one writing, gives the duplicate to Mrs. Sharpe, and places his slip containing the diagnosis, etc., on one side, and the original of the prescription on the other, in the "Calls Made" pocket of the case, and departs.

In this case Dr. Henderson is to keep a running charge of the visits to the case. Opposite Mrs. Sharpe's name he places the balance due. Below that are spaces for amount paid, total owing, amount charged, and account carried forward. He is a business-like doctor and notes these charges at the time of the call. There is no further posting to do. The next time he calls he will produce a new slip with Mrs. Sharpe's name at the top, and the balance owing carried forward from the last slip.

What has become of the last slip? In his master secretary, the home of the office end of the system, it is properly cared for. Mrs. Sharpe has a family account compartment in the doctor's visible metal file. Her account is among the S's the top line across the last slip showing her name and the balance owing. The slips are kept in place by a metal spring clip, and as long as the account is active the total amount owed is always before the doctor. When he has collected the account the slip is filed away in one of the drawers of the desk.

In the drawer the files are boxed. A cardboard is folded to give a box-like effect, and across the top, easily visible, Mrs. Sharpe's name is inscribed. In this box the slips are placed. This is the case history section of the system. Similar box folders are used in the unpaid account section.

It is probable that calls have come in for Dr. Henderson while he was out on this trip. The names of the parties concerned are placed on the slips, and held for him so that he can make the calls at once or as soon as possible. The slips are placed in the "Calls to be Made" section of the pocket case, and he is enabled to care for them all. When the calls are made the slips are transferred. Thus he misses no calls. The slips are filed either when he returns to the office or, more generally, the first thing each morning. It is a matter of less than ten minutes to file everything away within reach for further consideration.

COLLECTION OF OLD ACCOUNTS

A question arises about the accounts unpaid section of the system. All doctors have such accounts, and often too many of them. With the McCaskey method the Pocket Ledger solves this problem to an exceptional degree. Let us return to Dr. Henderson. When he installed the McCaskey Method he had some thirty past due accounts. He immediately entered these names with the amounts owing in his pocket ledger. Below was a space for amounts paid, in full or in part. Meeting one of these old patients on the street, the latter accosts him with:

"Well, Doctor, what do I owe you?"

Times were when most doctors didn't know; they still exist.

But Dr. Henderson reaches for his pocket ledger and frankly states the amount due. His former patient, perhaps surprised, pays him a little on account. He probably would never have hunted up the doctor and paid him. But when he met the doctor, asked him the amount, and was readily told, he was inclined to make a payment.

In the case of the estate of a certain man, Dr. Henderson had cause to bring suit for the large bill long past due and not settled owing to delay in administering the estate. The original records in Dr. Henderson's unpaid accounts section were available for court action. They were legally correct. There were no unpleasant arguments over verbal agreements or old ledger figures. His system was indisputable and the court recognized it to be so.

Among the forms used for the McCaskey Method are the following: The General Purpose blank, to be used in making first calls where there is any possible excuse for establishing a case history. The Daily Call Blank, which is used on second and subsequent calls, unless a more extended history is desired.

Provision is made for every variety of case and for each specialty, for prescriptions, obstetrical, accident, surgical, T. B., gynecologic, pediatric, etc. These explain their own uses. All can be carried with convenience in the doctor's pocket history case, where they are available at all times.

THE DAY'S WORK

As calls are made the slips are transferred to the pocket history case from the pocket "Calls to be Made" to "Calls Made."

All duplicate receipts are also placed in this pocket.

When the pocket "Calls to be Made" is empty, the doctor knows that none have been forgotten.

On returning to the office after making calls, the slips are placed in the pocket "Calls Made," in the file marked "Today," together with all slips covering business done in the office.

Next, the pocket history case is refilled with blanks to take the place of those used during the day.

SYSTEM FOR NEW AND OLD CASES

Slips are filed in their proper place in the System. If any active cases have paid up and become inactive, they are placed in the Case History Section. If not paid, but inactive, they are placed in the Past Due account drawer. If still active, they are returned to the Active Case file.

Should a dismissed case again become active, whether an office or an outside call, and the account be still unpaid, the balance due is entered on the new blank, so that the account will always be posted to date.

The Monthly Summary Book furnishes the most simple way of keeping a daily, monthly, and yearly record of the charges and money received. Before filing the records for any day the blanks are separated into three groups—(1) charges; (2) cash received for work done at time of treatment; and (3) money received on account. These are totaled and entered in the proper column of the summary sheet opposite the number indicating the day of the month. Daily credit and cash business added together give the total daily business done—the total to be entered in the column provided. Daily cash and received on account amounts are added, giving the total daily cash receipts. Deducting the total of the received

on account column from the total daily credit column gives the amount of unsettled accounts.

The success of the McCaskey Method lies in the "Do it now" feature. The system will not run itself; but with a little attention at the proper time it will give the user an absolute case history and a full financial record. Importance is attached to entering the charge for services at the time of making the call.

The name of the person to whom the bill is to go, the one who is to pay, should be placed at the top of the slip. The name of the patient treated should be placed in a line headed "Service to." These names, once written in, and the charge made, there is no further entry to be made on that case for record. There is no tiresome bookkeeping to occupy hours at the office. The system was originated to give the doctor time for leisure and study, as well as to establish him as a business man and enhance his financial standing.

The proper use of such a system cannot fail to make a better doctor of the one who follows it. He will collect most of his past due accounts. The details of his business will be at his finger-tips, and he will rank with the successful business man because he is absolutely in touch with every phase of his business.

CHAPTER IX

THE DOCTOR AND HIS INVESTMENTS

The most essential thing to do when you first start into practice is to adopt the proper system. This will enable you to start right, and it is a generally accepted fact that if one starts right the end will also be right. One of the first items in one's system should be the adoption of a budget of expenditures. After figuring out what your expenditures each month are to be, do not allow yourself to depart from this schedule. Emergencies may arise which will compel you to vary from this plan, but other things being equal, you should hold to your plan most tenaciously that the system adopted may, in theory and fact, be carried out to its logical completion.

THRIFT

This is one of the rungs of the ladder that nearly all men must tread in their climb toward a competence for their old age. It must of necessity from the scientific as well as the practical standpoint, be one of the used rungs in your climb toward success. One cannot carry on the many investigations toward which he may be inclined, attend medical societies, and take post-graduate courses, prepare articles and supply the illustrations, unless funds are available. Other men or societies may do this for one, but this is not the field of scientific research that we are covering—we are considering the field of one's activity in private practice. Few people do not consider

thrift except as a laudable quality, yet few of us seem inclined to apply this desirable trait to our own activities. This lack of thrift and failure to look to the future may almost be regarded as the prevailing American fault.

Thrift in any calling is a matter of education, habit, and system. There is nothing mysterious in its application. It merely amounts to spending a little less than one earns—it is not stinginess, it is foresight. The most important thing for one to do at the start is to apply system to his practice and continue this application of system throughout his entire practice; it is one of the most important parts of this system. The particular amount one may save out of his earnings in any specified period of time is not material, but it must be a matter of routine that is constantly adhered to with faithful regularity. This will naturally become a fixed habit, and as a result of this habit there will soon accumulate sufficient for one to seek a reliable place in which to place this savings fund.

The practice of medicine is similar to many of the other professions—it is either a feast or a famine. A real estate operator once said his business was either ninety dollars a day or ninety days without a dollar. This is very true of the beginning of the private practice of medicine and during the time one continues in practice, and it is the most essential reason why one should have system in the matter of recording his monthly expenses. This irregularity of income makes it imperative for one to determine beforehand how much he may spend in any week or month, for if one is not careful in prosperous times and becomes too prodigal in his expenditures, he will not have sufficient to tide him over some of the unexpected slow spells that come along at the most inconvenient and inauspicious times.

No single instance of the result of lack of thrift ever struck me more forcibly than an experience I had when a lad. A former employee on my father's farm went into a factory and earned six dollars a day where he had formerly made only one. He called on my father decked out in all the finery that could find a place of lodgment on him, and when asked why he did not save some of his money, said he would when he had made a sufficient amount to make a respectable showing. . "When I can save two hundred or more a month will be the time that I will start." That man died a pauper.

Instances without end might be cited of men who later became the leaders of the finances of this country who saved a little from their income of three dollars a week. Rockefeller, Woolworth, and Sage are notable examples. A fifteen-year-old boy supported his mother and four younger brothers selling matches on the streets of New York, and this same boy later became one of the leading manufacturers of clothing in that city.

THE FIRST INVESTMENT

Carnegie stated that "one good investment was worth a lifetime of savings," and the first investment one makes is the most important one he ever will make, for its favorable termination will have a decided tendency to make one optimistic, while an unfavorable one will lead to discouragement and lost hope.

There is one investment that can be made that will pay you a hundred or a thousand percent, and this form of investment has the additional delightful advantage of being almost a hundred percent certain. To make this form of investment, all one need do is to exercise a reasonable amount of common sense in its selection. The invest-

ment that one should make first, that will bring in best returns, is in office equipment and appliances necessary to your profession. Many physicians do not have the proper atmosphere in their offices nor the proper amount of equipment to treat the various cases that come to them. The first budget you make and those that are to follow should contain a certain small amount set aside constantly to improve and add to this equipment. Please note that it is suggested that this be a small amount, for a time will come when a full office equipment will be assembled and further articles would be useless. They would only clutter up your offices, and instead of making them appear up to date and create a good impression, they would offend the eye and make them resemble the office of a fakir.

The only test of whether or not to buy an article is the amount of need there may exist for it and the ability on your part to use the things you purchase. Not infrequently many offices present a very crowded appearance and are filled with appliances covered with cobwebs and dust. This creates the sort of impression that one is trying to avoid. It is obvious that a constant effort must be made to keep the office up to and abreast of the best developments in the profession. The mere presence in your office of things that are known by patients and others to be modern, approved, and useful and which you do employ, will add to their estimation of your worth and will give them greater confidence in your ability properly to treat them irrespective of the nature of their ailment.

Now that the office and its equipment are properly provided for, there remains the other item of your budget to consider, and this is the savings you have accumulated over and above the provision made for the ordinary

things of life. Let it be assumed—irrespective of the hardships you have encountered and the numerous openings that presented themselves to you as an adequate excuse for saving nothing “this week”—that you do actually present yourself each week at the teller’s window with your deposit. Whether this deposit be large or small is of little moment—what does count is that the habit has been acquired by persistent and constant effort, and will be retained if persisted in, and that finally you will realize that you have been successful in *saving your first and most difficult thousand dollars*.

HOW TO INVEST YOUR MONEY

An enterprising banker has demonstrated that if one will save but twenty-five dollars a week for twenty years and invest it at six per cent, that the interest and savings will have amounted to about forty-nine thousand dollars. This is based on the assumption that one actually saved this amount and that each and every one of his investments were good. *A life insurance company has demonstrated that only three men in one hundred do this.* But now there comes along another concern that specializes on calamities, like the undertaker, and tells us that only one business venture in ten is a success, and makes the picture still darker by stating that incompetence and inexperience alone account for nearly half of all failures. Bradstreet has shown that eighty-six per cent of all failures result from causes originating in the individual.

The prospects for the young doctor of selecting the right sort of an investment or speculation solely on the representations of a person in some business enterprise do not appear very inviting for placing the first hard-earned thousand at work for him with any certainty

that he will ever see it again or get any returns for it, because he has no accurate means of ascertaining the capacity of the individual or of watching the investment after it is made.

There is no reason to expect that the young doctor will of his own accord, be able to discover a way to avoid all the pitfalls that are set for the feet of the unwary in the matter of investments. Unfortunately, *there is a host of people who have found out that the doctor likes to take a chance.* His profession makes him a gambler in the most uncertain thing in the world—which is human life. He has worked so hard to accumulate his small savings and the possibility of making prodigious returns are presented to him so plausibly by some glib talker that all too frequently this nest egg is frittered away on some unsavory scheme, for he seldom has the time, inclination and facilities to make the essential investigation.

The physician often considers that a patient shows very poor mental caliber who tries to treat an infected finger himself and loses the hand from resultant blood poison. The first question he is tempted to ask such a patient is, "Why did you not come to me at first? I could have saved your hand." This is the same thought that comes to the mind of the banker or other man of financial affairs regarding the mistakes of the doctor's investments.

It is not my purpose to make any attempt to give complete instructions to the young man so that he might, by following me, invest his money wisely—the task is too great even for one fitted to give this advice, and even if it were properly given, the field is too large adequately to convey to anyone who has not been trained in any more than the bare fundamentals of investment. It would be

about as easy as it would be to teach the essentials of the practice of medicine in one chapter. The task is obviously impossible, and cannot be accomplished by any book alone, for there must be practical experience as well. It is the same with investment—if the young man is wise, he will not attempt to do his own investing without competent advice.

WHY DO DOCTORS FAIL TO CHOOSE THE RIGHT INVESTMENTS?

A physician had a patient who was a very prosperous rancher, and who specialized in raising walnuts. This rancher had begun his project with almost no capital, and had succeeded in developing his ranch and its product to such an extent that he had a reasonably certain income of twenty thousand dollars annually, and which involved but little personal labor. This appealed to the doctor, and after some investigation he bought, developed, and cared for a similar holding for some eight years and invested sixty thousand dollars in the venture, finally losing the ranch by foreclosure because of his inability to meet the payments. The wheat he raised was allowed to spoil, the trees were not given the necessary attention at the proper season, so that instead of the place bringing in a revenue, it was a constant drain in the matter of expense. The neighbors called him a "check-book" farmer. The doctor was a recognized expert in his line, but absolutely incompetent and inexperienced when it came to running a ranch and raising grain and walnuts.

A practical mining man interested some doctors in a real gold mine that had produced over a million for its former owners. The estimate for the financing of the new company was worked out by the doctors who were direc-

tors and officers of the company, and they would not heed the advice of the miner to raise double the amount of the first estimate of the doctors. Three short seasons were wasted in abortive attempts to open and work the mine, but each season they ran out of funds, and the project was finally abandoned. Another group of men with more funds opened and ran this same mine, and this was continued for eight years, during which time the same property that the doctors failed to make even self-supporting has paid the subsequent owners sixty thousand dollars annually. They have developed this property to such an extent that the mine, is likely to produce a similar amount for another twenty years.

To continue the subject of mining a little further, one might say that the essentials for deriving profit out of mines differ in no single particular from those involved in selling shoes or raising pigs. One must have the shoes to sell and the place to raise the pigs and a thorough understanding of all the attendant details to make either venture a success.

A chef of international reputation was giving explicit directions for preparing a sea-bass in a most delectable manner. The first step in the directions was to secure the sea bass. This very slight detail of actually having a mine before investing, and the right people to run it, appears to be overlooked by many doctors in buying mining stock.

The main fault with most investors who choose poorly is that they take too much for granted. They do not intend to make an investment of such an amount of money as would warrant them in giving the project so careful an examination as investment houses do. Such an investigation often costs as much as the small investor has to put

into the enterprise. It becomes a question of accepting the offering without investigation or letting it pass. The statements that the salesman presents are apparently so genuine that they are taken for granted—there is most often some cleverly hidden point in his story that would mark the whole as worthless, but not being discernible the result is that the investor soon parts with his money.

With your progress in the matter of equipment and the building up of your practice will come also financial success. Another form of investment will then present itself as necessary to further progress and one quite as important as the necessity of securing correct equipment. At this point in your career serious thought should be given to the future, your age, present and anticipated earning power, physical endurance, and how long you believe you will be able to withstand the fatigue of practice. You must keep in mind the time when you will want to slacken the pace a little—possibly quit entirely—and have a competence for the inactive years that follow.

It is obviously essential then that you should save and invest your savings wisely. Let me say this—a *doctor's business is to be a doctor, and if he expects to make a success of his calling it will take all his time and study to do so.* I lay particular emphasis on this point for the reason that *physicians are so often the prey of promoters* who mislead them into believing that *because they are brilliant in their profession, they should, by instinct or otherwise, be thoroughly capable of selecting securities.* Except in rare cases this is absurd. It takes the banker and broker (as it does the physician or lawyer) a lifetime to study and become proficient in their line. Therefore, the logical thing to do in making an investment is to consult your banker. The knowledge that a banker secures through

constant contact with business, financial, and economic conditions is in itself of great value to the vast majority of those not brought directly in touch with business affairs.

Physicians as a class concentrate so thoroughly upon their professional duties that if any one of them becomes a good business man, it is usually through natural talent rather than because of a commercial education.

About every share of mining and oil stock that physicians buy is purchased without consideration of the personal qualities, antecedents, reputation, character or efficiency of the men and organizations offering the securities. You should consult some bank for the purpose of checking up on investments. Nearly every bank has the facilities for making an independent and unbiased survey of any situation, whether it be the purpose of a promotion enterprise, the progress of a manufacturing concern, or the stability of an investment. Most banks place their facilities at the disposal of their depositors.

Many changes take place in business each day, and quite naturally this has an effect on investments. The business of a banker is to know all about investments and the changes that take place, just as it is the business of the physician to know all about disease and the means of preventing and remedying human ills. The investment that is safe today may be risky tomorrow and worthless in a short time, just as the healthy patient today may be injured or ill tomorrow and dead in a week.

The three common forms of investment are:

1. Directly in a business enterprise.
2. By purchase of stocks and bonds.
3. Through mortgages.

In deciding upon an investment, one must choose between the different characteristics—merit on the one hand and

deficiency on the other—before coming to a final decision on the qualities of the securities and the requirements of the investor.

Let me quote from an authority on this subject. The five chief points to be considered in the selection of an investment:

“1. Security of principal and interest, or the assurance of receiving the principal and interest when due.”

This point can best be illustrated by using, for example, the very coin that you intend to invest. Safety naturally is your first thought in the handling of money actually in your possession (by that I mean on your person or at your office). You would not carry the money carelessly or have it scattered promiscuously about on your desk. You would use every precaution to see that it was carefully concealed in your clothing or placed in a safe or other secure place in your office, so that the possibility of loss would be practically eliminated. So it is with the investing of money. You must give a great deal of consideration to the security of the enterprise or project in which you are to become an investor, for if the future of the enterprise is not in trustworthy and efficient hands, your money is as unsafe in the form of stocks and bonds of the company as it would be if carelessly handled by you.

“2. Rate of income or the net return which is realized on the amount of money invested.”

In all your investments it is important carefully to consider the matter of return on the principal, *i.e.*, the interest yield. In simpler terms, the rate of interest. With bonds, the market price determines the yield; for example: A 5 per cent one thousand dollar bond due in ten years, selling on the market at ninety-seven dollars, will yield

5.4 per cent return on the actual amount invested. In practically every case the yield will indicate the grade of the investment. For the sake of earning one or one and one-half per cent more, when there is a doubt, it would be wiser to accept a lower return on your money and insure safety.

You would not deposit your money in a savings bank without expecting the payment of interest periodically; similarly in investing in stocks, be sure that the earnings of the company are ample to meet all expenses, to build up a surplus or reserve, and to pay to its stockholders a fair rate of interest on the capital invested.

“3. Convertibility into cash, with which is included availability as collateral.”

Despite the many instances of people losing huge sums of money in fraudulent stocks, we continually find professional men and those who do not keep in close touch with business affairs investing in enterprises which hold out hopes of great riches, but which never realize even the smallest return. In fact, they very seldom are able to recover even a small part of the principal. When investing your funds, therefore, be sure to purchase stocks and bonds with which the banks are familiar, so that when emergencies arise, you can go to your bank and borrow a certain percentage of the market value for a short period, or, if necessary, sell the securities outright and realize approximately the amount you invested.

“4. Minimum fluctuation, or the stability of market price.”

In the case of high-grade industrial stocks, the steady progress of the company, due to experience and the efficient handling of its affairs, will manifest a steady increase in price in the market quotation. Occasionally there will

be fluctuations due to general financial conditions; that is, for example, when in the business cycle a period of depression quickly follows a period of spirited business activity.

If there is a wide range of prices or instability of the market value, this is often an indication of uncertainty in the affairs of the company.

High-grade bonds vary little in market price. When they do, it is owing to the condition of the money market. The ratio of the intrinsic value of the security of high-grade bonds to the funded debt is usually sufficient to preclude any change in the market value of the bond except for the reason just mentioned.

“5. Prospect of appreciation in value.”

Of the three means of capitalizing a large company—by bonds, preferred stock, and common stock—the last form has the least security. The interest of common stockholders lies principally in the profits of the business, the progress being made being measured in dollars and cents. Every dollar laid aside as surplus means that much greater book value per share of common stock, and consequently an increase in market value.

When you buy common stock, be sure to determine that the requirements of a good, healthy business are apparent, and that the business will beyond any reasonable doubt flourish, thereby enhancing the prospect of appreciation in the value of your holdings.

With the numerous sources for securing information that a bank has, it is a comparatively easy matter for it to make the necessary investigation in connection with contemplated investments and to furnish reports upon which to base a decision.

Not only should investigation be made before purchasing stocks or bonds and in making other investments,

but they should be checked up periodically, and are so checked by careful institutions.

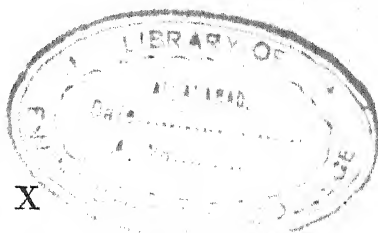
There are many other ways also in which your banker may render valuable service, but if you do not cultivate his acquaintance you will never benefit by his coöperation.

In conclusion let me repeat—think seriously now of the future, save and invest wisely, making use of the best possible counsel you can get, so that you and your dependents will be well provided for in later years.

HOW MONEY GROWS

The following table shows how money grows by saving a certain amount of the weekly income, depositing it at three per cent and investing it in a six percent first mortgage bond. Such a saving will enable you to build a competence for the time when you wish to retire.

		\$5 per week	\$10 per week	\$20 per week	\$50 per week
One year.....	3 % Savings	\$264.24	\$528.48	\$1,056.96	\$2,642.40
	6 % 1st Mortgage bonds..	265.74	531.48	1,062.96	2,657.40
Two years....	3 % Savings.....	536.47	1,072.93	2,145.98	5,364.00
	6 % 1st Mortgage bonds..	546.44	1,095.64	2,196.80	5,492.00
Three years..	3 % Savings.....	816.92	1,633.84	3,267.68	8,169.20
	6 % 1st Mortgage bonds..	842.81	1,691.96	3,396.60	8,491.50
Five years...	3 % Savings.....	1,403.51	2,807.02	5,614.04	14,035.10
	6 % 1st Mortgage bonds..	1,493.69	2,998.74	6,020.20	15,050.50
Ten years....	3 % Savings.....	3,032.34	6,064.68	12,129.36	30,323.40
	6 % 1st Mortgage bonds..	3,505.30	7,025.91	14,082.44	35,206.10
Fifteen years.	3 % Savings.....	4,922.66	9,844.72	19,689.44	49,226.60
	6 % 1st Mortgage bonds..	6,208.20	12,440.13	24,927.72	62,319.30
Twenty years	3 % Savings.....	7,116.46	14,232.92	28,465.84	71,164.46
	6 % 1st Mortgage bonds..	9,839.12	19,717.06	39,511.76	98,779.40



CHAPTER X

THE PHYSICIAN AND THE PHARMACIST —THE PHYSICIAN AND THE HOSPITAL— THE PHYSICIAN AND THE SPECIAL NURSE

THE PHYSICIAN AND THE PHARMACIST

It will be quite natural for you, when first starting out, to feel that your mental equipment is superior to that of the druggist. It is superior in one way—you have been intensively developed along one line—the practice of medicine. The very immensity of the work in view compelled you to do this. The college that trained you was forced to give you this intensive training because of the great scope of the subject to be covered. Considering everything, it succeeded remarkably well. At the very best, all that it could be expected to do was to lay the ground-work, leaving it to your own efforts to complete the structure. The colleges know this but not all graduates understand it. You have the foundation work for practice and a smattering of pharmacy. The druggist has an intensive experience in pharmacy and a smattering of medicine. This is the ground on which you will meet. These are grave differences in viewpoints. These must be smoothed out so that a mutual ground of interest between you will be established. You and the druggist are co-partners in an enterprise. This enterprise is the curing of the patient. You have a point of advantage if properly utilized and he has the best position if it is not.

This is particularly true in the larger cities. If your patient goes to a druggist whom you do not know and who does not know you, what reason has he to protect you or recommend you to the patient? He has medical friends of his own, and if the patient is on very good terms with the druggist, he is certain to ask if the prescription is right and proper. So in the large city it will be found generally to your advantage to have the patient go to a druggist whom you know—some one who is friendly to you. You will thus have the assurance that the patient will get what you want him to have, which will be beneficial to you and to the patient. If the outcome is good, it will be said that you made a correct diagnosis and that your prescription benefited your patient.

If the results are not satisfactory, you will have to change the treatment, convinced, in this instance, that the patient received what you ordered. It has already been shown that intense competition exists in practice, and every druggist who is not your friend has one or more medical men to whom he is friendly. If you allow your patients to drift at all, do not be surprised if you lose a goodly number during the year.

There is another thing in which the druggist has the advantage over you. He has been in business some time. He has learned to study people in a commercial way. He is able to tell when the patient is pleased with the way you went over his case and what kind of an impression you made. Suppose you did not succeed very well and the druggist infers this, perhaps from a remark made by the patient, such as asking the druggist if you are well known, if you are a good doctor for such ailments as he has, and if the remedy prescribed is the proper one? How do you believe you would be treated if the druggist

should happen to be any but the best and most honorable type of man? I have seen doctors who belong in the fraternity of confidence men, and there are too many who are not fitted for the calling they have chosen and do many things that are wrong. Just so you will find sharpers among the druggists. They know many ways of harming you, and if you give them the opportunity, many will do so, if thereby, gain will come to them. You should be on guard to protect your own interests. It is your duty to yourself and to the patient as well.

In the small country town or in small cities conditions are entirely different. The small country druggist will know you and it is your business to know him. You will need to do more than to just be acquainted with him. It will be a part of your business to make yourself familiar with him and the things that interest him. In the small town you will make enemies if you play favorites. The number of druggists in towns of from three thousand to twenty thousand population will not be so great that you can neglect to call on them personally—not once, but on some of the better ones several times. After you have made the personal acquaintance of some of the best, do not allow them to forget you. Make it a practice to call on them at intervals. Study each man just as you would a patient. If some one with an ordinary amount of tact is interested in you and your profession, it is natural for you to return this friendliness. That is the way the druggist will feel toward you. If you know his business slightly, his troubles, joys and his hobbies, he will talk to you more intimately in a business way. From him you can learn the peculiarities of the people of the neighborhood. Seek to learn the position each one occupies in the community. Ascertain who are good, reliable and honest

and who are not. All these details will be of personal interest and use to you.

Diseases peculiar to your locality will be known to the druggist and he in turn can pass the information on to you. In this way also, the local prejudices will be learned more accurately than from almost any other source. These prejudices or leanings may be racial, religious, or political. In any event, such information will add to your knowledge and ofttimes save you from making a blunder.

The druggist who does solely a drug business is the exception today. As a rule, their stores are drug and general merchandise stores combined. This need not concern you, but it will concern you if the druggist is an extensive manufacturer of preparations of his own and is virtually treating people on a large scale over the counter. Try to locate one who attends to his own line of work and permits you to attend to yours.

In the cities where you can have access to good drug stores it is a waste of time and money to carry your own drugs. You will have to carry drugs for office use, but to attempt to be a pharmacist and a doctor is too much. You will find it to your personal advantage to confine yourself to treating people and have the filling of your prescriptions done elsewhere. There is an exception to this general rule. Do not send any patient with a placebo prescription to the druggist. Fill these yourself. Let the patient know that it is made by your own hands for his peculiar and special case, and as you are treating his mind, be sure that you are emphatic about his understanding just how you want the medicine taken. This can best be accomplished by having the patient repeat to you the instructions you have just given him. Do

not allow him to leave the office until you have reason to know that he feels the importance of the character of his case and the need to follow your directions. The last thing in these instructions will be the strong suggestion you are to give him. You are to assure him definitely and positively that he is going to be benefited, that you will certainly and positively cure him, provided he follows your instructions implicitly. An eminent doctor assures such patients that the medicine is powerful—one pill will cure, two are dangerous, and three are fatal, if taken at once.

From the Physician's Viewpoint.—The majority of doctors write a very poor hand because the hurried taking of notes in lectures and clinics has made them careless of their penmanship. I do not expect to be able to make a spencerian artist of you by giving you advice, and it is not necessary for you to write a copper-plate hand. It is vitally necessary, however, that you write a plain hand, and in addition to writing legibly the names of drugs, it is a legal obligation on you to write out the names of the integral parts of your prescriptions clearly and fully. The courts hold the physician to this performance of his duty. You should write out the drugs to be used so that no mistake can be made by the druggist. Not only should the drug you prescribe be written plainly but also the quantity. These should be written so that if a mistake is made, it cannot be laid to you. The errors that physicians so frequently make are in writing unusual abbreviations. If you must abbreviate, be certain that the form of contraction you use is the one recognized by the Pharmacopœia or Formulary.

If you do otherwise, you are taking a long chance of the druggist guessing at what you mean. If he guesses

wrongly, he cannot be held, but the blame falls on you, where it belongs, and he is under no legal obligation to call you on the phone or otherwise notify you of his uncertainty. It is your duty to write your specifications plainly. *The druggist is not required to be a mind reader nor an unraveller of cryptographic puzzles.* All that he is required to know is the Latin and the chemical names of drugs, and you are the one who writes them for him. See to it that your prescriptions can be read easily. The druggist will have a high regard for you for this reason alone. The life of your patient will not be placed in jeopardy, and you will know positively that the patient is going to receive just what you order. If the druggist does make an error when things are clearly written, then the liability is entirely his.

In the beginning of your practice start right in this regard. The habit of writing your prescriptions in a clear, legible hand will be of benefit to you in every way. It will increase not only the respect of the druggist, but will be an added assurance for the patient and will make you more discriminating in your selection of drugs; it will also be useful training in carefulness in other things.

An excellent rule to follow is to *write out your prescription as you would make out a check in payment of a bill.* In this instance you certainly would write so that the name of the party the check was intended for would be easily read. You would write out the amount of the face of the check in full, and write out the figures as well, and you would not think of sending a check out that called for a sum that looked like ninety dollars when you only wanted to pay nine. Follow this same idea when you write out *the names of drugs and the amounts you want to prescribe.*

It is a dangerous practice to use abbreviations of an important drug. W. Gnerich, past president of the San Francisco Pharmaceutical Association, gives an illustration:

R: Bar. Sulph. 3 iv

Sig: As directed

In this instance barium *sulphide* was dispensed instead of the desired *sulphate*. The addition of three words was all that was needed to make the prescription definite. The above mixture resulted in the death of the patient and in \$10,000 damages against the physician—failure to add three words cost a patient's life, the doctor's practice, and ten years of the doctor's hard labor.

The lesson: Do not abbreviate the names of drugs.

Another common and careless error of many doctors is to write the instructions for the patient this cryptic expression: "Take as directed." The question that always comes up in these cases that go to court is—"Just how was this medicine directed to be taken?" The doctor presumably gave the other essential directions to the patient by word of mouth. He depended on the memory of the patient to follow his orders to the letter, and must have further assumed that the memory of every patient so directed was perfect. This we know is not the case, yet many thousands of doctors resort to this time-worn-trouble-making and trouble-breeding expedient. Was this medicine to be taken straight or diluted with water? How great was this dilution to be? Was it to be swallowed, injected hypodermically, by enema tube, rubbed on the outside the body, or used as a gargle? Most important of all, how often was this medicine to be taken and how long was this to be continued? Suppose

the patient had a poor memory—there are such people—and he took too much and died of the effects. Just who would there be to determine how much he actually did take at one time and what defense would you have in this event? It will be your word against that of his whole hostile family, for they would be most extraordinary people if they did not resent injury to their own kin.

“Take as directed!” was the direction on a bottle containing a strong solution of silver nitrate that was to be used as drops for the eye. The doctor told the patient orally that he was to follow this by an immediate washing with normal salt solution—this very important part of the needful directions was intrusted to his patient’s memory—the memory was defective in this instance, and as a result the patient lost his eye, the doctor lost the patronage of an influential family, a suit for two thousand dollars was instituted, and the patient recovered this amount from the absent-minded and negligent doctor. His directions should have been, so many drops in the eye, followed by salt solution. The four additional words could have been written and would have saved the doctor five hundred dollars a word. This is only a part of what it cost this physician.

Write out your directions for your patients in full. It is a dangerous practice to depend on the memory of your patients to cover your own negligence. They may be just as lazy in mind as you are in body. Do more than merely write them out. Write them out so clearly that the least intelligent of them cannot make an error that can be chargeable to your own neglect. The directions to take medicines should unfailingly state how much the patient should take, how often, in what manner he is to take it, and many times it is wise to add the time for which

you expect him to continue. One cannot write on the prescription in each case what the medicine is intended to do or the effect one expects to get from its use, but even these things should be supplied when there is any possibility of the medicine being taken over too long a time. Many a patient has become a drug addict because of this failure on the doctor's part. Let your directions be so clear and explicit that they will stand of themselves and not need to have their deficiencies supplied by someone's memory or imagination.

When you write a prescription for expensive drugs, give the smallest amount you believe the patient will require and let him know that it is costly. He will want to know how much it will cost, and your invariable answer should be, "I do not know the cost price of drugs; moreover, the prices are changing daily, and it is quite impossible for me to follow them." Under no circumstances put a price on drugs for a patient. You will have quite all you can do to determine your own fees and collect the same, and should allow the druggist to do the same. It would not please you to learn from a patient that the druggist had told him that the fee you charged was exorbitant, and the druggist is made no happier to be informed by a patient that you told him the cost for the drugs was too great. You stick to medicine and let him handle his drugs.

Don't assume an air of wounded dignity when the druggist calls you on the phone and wants to know what some of your "hen tracks" on a paper stand for. Instead of assuming this attitude, thank him for the care he has taken and apologize for your poor efforts at writing. The druggist is doing you a favor. He is trying to protect you. The law does not compel him to call you at

all. If your writing is not perfectly plain, you are the one placed in jeopardy by the mistake—not him. Thank the man and apologize for putting him to so much trouble.

Know your narcotic laws. A prescription containing a narcotic must be written correctly. The druggist has no option except to refuse to fill one of any other kind. Make his work as easy as it lies in your power to do by having your prescription written correctly.

Do not give physicians' drug samples to your patient. If the samples do the work, you lose your patient and such friends as he may have. The need of coming to see you for his ailment exists no longer, since he has now found a cure for his ailment, and the same applies to his friends. If the medicine does not work, he will feel that you slighted him by working off some old samples on him, instead of giving him the attention he should have received. You injure both yourself and the druggist and it is doubtful if you will do the patient any good.

If you want to try out some new remedy, be sure that your druggist has it in stock. Often these new remedies are not even in the local market or wholesale drug houses.

If your case is urgent, you properly ask for a hurried delivery of the medicine. Should you call for capsules or pills, have a few sent out, for it takes time to make them up and the ordinary pharmacist cannot keep a special delivery service all the time.

The writing of a good prescription is an art. It is also a difficult undertaking if you are distracted by patients who insist on continuing the conversation with you while you are writing. When you start to write a prescription, concentrate your mind on the task and allow nothing to interrupt you. When the prescription is finished, look it over carefully to see that no essential

has been omitted and that the quantities are correct. Careful consideration should be given to the form of the medicine—whether the patient can take it best in liquid or in solid form. Many adults are like children in this respect, and are unable to take any form of pill, whereas others can take nothing else. It is right and proper that these personal peculiarities should be catered to in every way possible. You will make many friends and find the way easier for you if you make special effort to have your medicines given in the form of a pleasant-tasting mixture. Here again your druggist can be of great assistance to you by advising additions that will disguise the taste of nauseous drugs. When you have a very serious case on hand that you know to be in a critical condition, supervise the matter of where the prescription is to be taken. Assure yourself that it goes to a first-class druggist on whom you may depend for the quality of the drug prescribed.

It is proper for you to secure drugs for your personal and family's use without cost from your regular druggist because of your assistance to him, but do not accept commissions in any form.

Have your own prescription blanks and advertise only yourself.

A most important addition to all the prescriptions you write for external use is to have them so labeled.

THE RELATION OF PHYSICIAN TO NURSE FROM THE PHYSICIAN'S STANDPOINT

General Demeanor Toward Nurses.—Some physicians adopt an attitude toward student and other nurses in a hospital that is not to their advantage. They either ignore them or make it appear that their position and

learning are superior to the nurse's. This may be true, but it does not excuse their behavior and nurses resent it.

They know their position and deficiencies. These are called to their attention so often by other nurses that it is unnecessary for you to add to their burdens. They are not in a position to protest to you, but they can and do resent slurs. They also let you feel their displeasure by making disparaging remarks about you to your patients. You may or may not hear of these remarks, but they will reach the ears of your patients in some manner and not add luster to your fame. The memory of a slight will linger in nurses' minds long after graduation and they will hold it against you. There is only one method of treating them and that is to be kind and courteous to them all. Speak to them as you pass them in the course of your visits from floor to floor. They do not appreciate being treated like an inanimate object any more than you would. When they have performed some service for you, see that they receive your thanks. Do not take their assistance as a matter of course. They are compelled to do the assisting and it is certain that it will be better and more efficiently done; moreover, if you recognize their work they will do more for you the next time you need their help. It is not sufficient for you to be just civil to them—you should be friendly as well. Conduct yourself so that you will make friends of them, for they can be of great help to you or do you much harm. This is not accomplished by *being either intimate or coldly reserved*. New men in the wards and elsewhere have observed how some "big one" will do certain things to the contrary and the young man often tries and instead of making an impression he earns the contempt of those who have watched him.

The student nurse, floor superintendent, superintendent and graduates will respond to the same actions that will cause others to like or dislike you. Take a friendly interest in them and their affairs as well as in their progress.

Probably no single action of yours is more liable to arouse the nurse's wrath than for you to storm and rave around demanding attention when the floor nurses are otherwise engaged. Many physicians of good reputation do this. Some who do not have an extensive practice try to do the same. All that either of them get from such actions is dislike. There are doctors who have such an idea of their own importance that they begin ringing the bell the minute they arrive on the floor and expect instant attention. It does not appear to make any difference whether or not the nurse is engaged elsewhere—they act as if they expected them to drop everything and attend to them.

Another example of this demand for personal attention is the man who rushes into a ward in a manner intended to give the impression that he is hours behind in making his calls and for this reason must have immediate attention—his case on that floor being merely an interruption in his strenuous flight from place to place. This is often done solely for show and because he wishes preference over all others.

It is right and proper for you to expect and to insist upon receiving attention in your turn—not otherwise—and to demand that you receive the deference to which your position entitles you. But a physician of the right sort does not attempt this at the expense of a colleague, or for the more trivial reason—his personal whim. It is your obvious duty to show the same consideration to

nurses and others as you have a right to demand for yourself.

Another cause for bitter complaint, and rightfully so, is for some trifling thing to happen in the operating room and the doctor fly into a rage, sometimes using profane language to the nurse. Even if the nurse is to blame for the incident, there is no excuse for such a display of temper. One prominent surgeon requested a sharp scalpel. He was handed an instrument that was improperly prepared by the mechanic. He made one stroke, the edge turned, and the doctor threw the knife violently to the floor, swore at the nurse and at all who had anything to do with the instrument. He so humiliated the nurse and used such profane language that the nurse has never forgiven him to this day—some ten years after the incident. This explosion of temper cost that doctor many a patient that this nurse might have sent him.

Physicians often do not give their orders clearly enough so that others may thoroughly understand them. This accounts for many of the mistakes of nurses in the operating room. Perhaps the things prepared for any operation are not just as the doctor would have them. This happens too often to be looked on altogether as an oversight of the nurse. She is no more a mind reader than is the doctor. If he has some particular instrument that he wants to use for an operation, it is his business to write out this order and hand it to the nurse. If some new operation, or some unusual mode of doing an old operation, may be contemplated, one that is not the routine method in this hospital, it becomes the duty of the doctor to write out the names of the things he may require and some of the departures he will make from the routine. Such a list should never be left to the nurse's memory alone. She is

no more likely to get things right the first time she hears them than the doctor would be to have some one give him a long talk about something in which he has only a passing interest.

THE GRADUATE NURSE IN PRIVATE AND HOSPITAL PRACTICE

IN the larger cities it is an excellent practice to keep a list of nurses whom experience has shown to be adapted to your line of work and who can please the particular patient who has need of their services.

It is not to be expected that all nurses will be found agreeable to all patients. It is quite as much to your interest to select the nurse for your patient as it is to choose the medicine you are to prescribe. Nurses can not be expected to please all patients any more than you have found it possible to please them all. Some nurses, like some doctors, have a happy faculty of getting along with almost any one. It does not appear to matter whether a patient is grouchy, agreeable, prudish or liberal, it is all the same to this sort of nurse. But such a person is seldom found, and it is for this reason that one will need a list of nurses from which to choose, so that the relations of the nurse and patient may be harmonious. I have often sent to alcoholic cases nurses who were shocked at the language or things the patient might say or do. They would be on the case for a day and ask to be relieved, whereas the next nurse would have no trouble with the same patient.

It has been a not unusual happening to have a chronic invalid tell me that his nurse knew nothing about nursing, when my personal knowledge of her work was to the contrary. This attitude of a patient is brought about

by the nurse's failure to humor the patient properly. He belongs to the class that needed coaxing instead of being commanded.

Another capable nurse "talked herself" out of her position. The patient was nervous and irritable. The nurse persisted in telling the patient her own history and troubles. This so irritated the patient that she had to be displaced for one who was not so talkative.

There is also the working nurse, who writes so little that you are unable to learn the condition of your patient or what has happened since your last call. Of those who write everything and those who write too little, the one who puts down the least is more likely to please than the one who writes too extensively. A well-placed suggestion to the real worker is often all one need do to remedy the matter. Often the writing nurse had best be removed from your list. Suggestions may tend to alter their ways, but it will not teach them to understand the wants of patients without being told.

There is the visiting nurse who is just passing through your city. She usually wants to work only on easy cases and is not particular how she treats your patient so long as she is paid for her services. They are like other birds of passage—working only long enough to earn sufficient to take them to their next objective. Some few of these are capable workers—most of them are not. Many of them leave a case half way for one more to their liking, or give notice and move on to some other city. One of these nurses was on a case of what was diagnosed as exhaustion. The patient caught a cold, pneumonia developed, and the nurse became tired at once and requested a relief. She never reappeared to finish the case. Another spoke to the patient of her salary after

the first day. Another came on the case late in the afternoon and called me to find out who was to take the night shift. It is my experience that only those nurses who live in your city and who have some standing and a personal reputation to maintain are reliable and to be depended upon.

It will often happen that you will exhaust the names on your list of capable nurses and be unable to secure one. An hour is often consumed in such a hunt. This makes it desirable to have recourse to the nursing directories to supply one for your needs. Select those that have the regular graduates on their list. The "practical" nurses are often capable women up to a certain point, but when placed on a case that takes a sudden turn for the worse, they are unable to handle it. This makes it appear that you did not get the right nurse for the patient and when your patient finds out she is not a regular nurse, you may be censured for something the nurse should have done.

It comes to this—you should not only be careful in the choice of your nurses, but you must also watch them after they are on the case. Supervise everything they are supposed to do, or, something that should be done is sure to be left undone and you may get the blame for the mistake or oversight.

Besides making your own observations it is good policy to use tact and learn from the patient just how he feels about what is being done for him by the nurse. You will find that it is quite as much to your interest to watch the nurse as it is to watch your patient.

A nurse must not be kept on a certain case for too long a time. The patient may have liked the nurse when she first came, but after long association a change may take place. The nurse may grow tired of the patient,

or the patient of the nurse, or some other trivial thing may turn up that will make it to the best interest of all to make a change. In old chronic cases in hospitals this is not so essential, or so liable to happen, as it is in the home, but it may happen in either place. To give the patient the best chance for recovery and for your own interest it is best to change your nurses on the long cases where there is the least evidence that this is desirable. If you do not, the patient is very likely to make a change on his own accord, perhaps of doctor, nurse and hospital.

It is a duty you owe to yourself and to your patient to know just how things are going with patient and nurse. With this idea in mind it is often well to spend some time alone with each patient to ascertain for yourself if everything is going satisfactorily.

One prominent gynecologist makes it a rule to ask the patient if everything is all right—if she is getting all she wishes or if there is anything further that she would like to have. This gives the patient the opportunity to tell the doctor what is on her mind and permits him to correct any error that may have been made before it progresses too far.

When oversights on the nurse's part have been made, it is usually best to make your complaints to the nurse alone. This does not humiliate her in the eyes of the patient and may also prevent you from being blamed by the patient for whatever error has been made. Instances will arise when it is best to do this correcting in the presence of the patient. This will be in those cases where the patient must know that some certain thing has been done without your order, and the possible failure of the patient thoroughly to understand this might bring blame on you personally.

More than merely blame often accrues in these instances—suits for damages are frequently instituted once the patient gets the idea that you are in any way responsible. The best way to avoid these undesirable happenings is to give your orders for the patient's care in some detail. It is an error to give your orders orally. They should be written on the chart in such a manner that their meaning is clear and the directions are explicit. All possible contingencies cannot be covered in these orders, nor is it expected that they will be. Only the usual or common things can thus be met. Some discretion must rest with the nurse. The obvious things, however, are expected to be considered by you, and adequate provision be made to care for the patient. If you give these orders orally, do not blame any one but yourself if some needed matter is overlooked or your medicines are forgotten altogether.

No matter how competent a nurse may be, it is a mistake to assume that she is capable of applying a surgical dressing as well as you or one as satisfactory to the patient. Patients will be better satisfied to have you do the major part of their dressings or at least inspect the wound and supervise the dressing. If patients require more than one dressing daily and you are not in a position to give it individual attention, it is proper to have your nurse attend to it. Full particulars of the way in which this should be done should be left in each instance, remembering that the patient looks to you and holds you responsible.

The more information you can secure from your nurse about your patient, regarding either sickness or surrounding details, the better. On the other hand, the less the nurse knows about the arrangements that exist between

yourself and the patient the better. Do not discuss the intimate details of the family with a nurse, for they do not concern her in the management of the case in hand. The reasons for these observations are not far to seek. Nurses are not bound by the same rules of confidential communications that apply to you, and moreover the less the nurse knows of the surrounding conditions, the less will she be able to say if it should become necessary to displace her by another.

The capable nurse is a most valued friend, and by the same token she can become a most inconvenient enemy. A consistent effort should be made, while treating the patient, to create the belief in the mind of the nurse that you are the sort of doctor she herself would select if she needed attention. Putting a nurse on a case then offers another opportunity to demonstrate your fitness to practise and to add to the list of friends one who may be of great professional benefit to you. This applies to nearly all nurses, but most particularly to the elderly nurse who has an extensive acquaintance among doctors and patients in the community. To make a good impression on her is quite as much to your benefit as it is to please the patient. To have impressed her favorably will make of her a constant assistant to increase your reputation. She can spread your name more rapidly and successfully than almost any other person. Nurses generally know physicians more intimately than anybody else does—they see their good and poor qualities—they see them at their best and at their worst—and often see a side of the doctor that is hid from the public.

It is very common for the nurse to become more intimately acquainted than the doctor with the patient. To antagonize the nurse or fail to make her your friend

is to have someone whose influence with the patient may alter his opinion of you at will.

An experienced nurse can be of assistance to a young physician in making suggestions for the treatment of obscure diseases and for making patients more readily resigned to their condition. The physician need not appear to depend on these suggestions, but it is a mistake to regard the matter in such a way that a nurse will hesitate to mention some important new development. The nurse can take better care of a patient when she knows what has been done at an operation than if she is told nothing about it. In the latter case the nurse often fears to do things for the patient's comfort that she would not hesitate to do if she knew all the details. Intelligent coöperation cannot be expected unless she has this information. This appears too obvious a fact to need mention, yet many physicians fail to profit by it. One poor fellow believed he must lie flat on his back after an exploratory operation, and the nurse knew no better, for she was told nothing as to what had been done. She was simply told what medicines to give and nothing about the care of the patient. This went on for three days before the error was discovered.

Another patient with gall-stone colic was given morphin at stated intervals for relief. Nothing was said to the nurse about stopping the administration after the pain was relieved—and the man is sleeping yet.

Compliment your nurses on their management on every occasion where this is deserved. She is just as proud of her ability as a nurse as you are of a successful operation or at making a clever diagnosis. Nothing will cause a nurse to put forth the maximum of effort for you and for the patient as well-deserved commendation.

Certainly nothing is so disheartening, and causes such loss of interest, as to have all their hard work go unnoticed. Be generous and liberal in your praise of the conscientious efforts of your nurse and she will feel grateful to you and become your devoted ally.

When an examination is to be made or dressing done, in the home or the hospital, place your order for the required articles in the nurse's hands in time for them to be assembled and ready. This will save you many moments, and obviate scurrying around for the necessary articles. If unexpected contingencies necessitate that other instruments be brought, do not fly into a temper and blame the nurse for something about which you had given her no information. A certain doctor was to do a dressing on a patient on whom he had operated for hemorrhoids and there was a little bleeding. He asked for only 'a needle-holder and suture to make this repair. Before he had finished a severe hemorrhage occurred and the entire department was in a state of excitement by his outbreaks, and most of the operating-room instruments and all the help in this room were called into service.

PHYSICIANS AND PATIENTS

One Patient's Point of View.—Let me give in her own words the point of view of one of my patients: "1. The thing that has appealed to me most in a doctor was his rapidity in answering my calls. Nothing is more wearing to a patient than 'waiting for a doctor to come.' Many doctors fail to take into consideration that most people wait till the last moment before calling him in and then minutes seem hours. Of course no one can expect a physician to drop everything else and *rush* to that particu-

lar 'case,' but surely no physician has an excuse for coming 24 hours *after* he is called, and yet they do it. Did they but know what the patient—and family—thought, physicians would make a practice of making the call as soon as possible.

"2. Telling a patient the truth regarding ailments and operations. If you don't intend to operate, don't keep one buoyed up from week to week, month to month. Be strong enough to come out with the truth. If the patient is not strong enough to be told the truth, surely some one close to him should be told and then the patient can be informed gradually

"3. A genuine cheerfulness of manner has a great effect on a patient—not just that professional boisterous, 'My, this wonderful day!' and 'How our dear girl is looking!' 'Why, we can't be ill,' and other expressions lacking sincerity, but there is a happy medium.

"4. Non-discussion of patient's ailments and idiosyncrasies with friends or even relatives. No physician should allow himself to be questioned closely about patients. He should turn a deaf ear to every one desiring information that should not be granted. (I think this should go so far as even to exclude the ailments from either husband or wife, if in the physician's judgment, trouble would result from such knowledge.)

"5. A physician should have an intimate knowledge of his patients' ailments and what he has done for them. Nothing is more irritating to a patient than to have a doctor 'feel around' as it were, trusting to get a lead from the patient, he has previously treated, about any phase of the treatment or the disease. It surely is very easy to keep a card index or other system, and two minutes will suffice to put the doctor in touch with his patient, even

to the prescription he has given this particular patient—but how many physicians do this? Unless a patient's ailments have become 'moss grown' the doctor cannot be expected to carry everyone's sickness in his mind.

"6. Bills. A physician should make a practice of sending his accounts the first of every month, the same as butcher, baker, and candlestick maker. (However, I don't think in our stirring times doctors err as much in this regard as they formerly did.) This particular patient has had doctors who seemed to take pride in 'never sending out bills,' 'paying no attention to such matters,' and I have always found that these same gentlemen, when a bill was finally forced from them, never neglected to charge for every visit to these cases where they were passing the house and 'just ran in to say "Good evening, and how is the family?"' For my part I can't see why a physician shouldn't call on his regular patients now and then—a little social call—showing that he bears them in mind—and *not make a charge*, but such gentlemen doctors are few and far between.

"7. Nurses. Doctors don't believe everything a nurse reports or 'charts.' Some nurses work best on a chart, and they are utterly unscrupulous in what they put down, and if the doctor does not go into the matter with the patient, considerable harm may result. Get both sides of the story. For instance, in one of my numerous illnesses I had a trained nurse on 24-hour duty. I liked her very much, and in all the time I had her I never called her at night. Her sleeping room adjoined mine, with folding doors between. Every night these doors were tightly closed and heavy portieres drawn over them. After this nurse's departure one day I happened to glance over her 'charts' and I beheld 'Patient up and stamping

up and down room, muttering to self—on the rampage all night, and practically no sleep for self (nurse); very difficult to soothe patient, etc.’ Unfortunately, the nurse had selected a very poor night for this report, as I had presented her with two tickets to a very important *show* and she had not returned until 1:30—evidently had a very gay time and after retiring had slept like one dead. (I doubt if an earthquake would have aroused her.) She arose the next morning between 9:30 and 10. Had the physician in attendance mentioned anything of the matter to me, the whole thing would have come to light, and my ‘grateful’ nurse immediately discharged. As it was, I didn’t see the ‘charts’ until a couple of months after, and only the theatre tickets fixed the date.

“Another nurse when she knew that she had just about reached the limits of my patience, would have the floor nurse knock at my door. This knock advised her that my doctor was in the building and would be up shortly. Then my nurse would meet him in the hall and report to him, usually, that I was asleep and he would pass on (and any little disturbance pass over). Notation on chart—‘Patient asleep—Dr. called.’ To this, however, I caught on, and at a particularly flagrant overstepping on the nurse’s part, which occurred at 11 A. M., the nurse trying to force the patient to do something the nurse wanted done and refusing to give a narcotic which had been ordered by the doctor. The need of this narcotic was occasioned by an extensive sloughing wound of the abdomen which was followed by general peritonitis, causing severe colicky pains, running over a period of three weeks.

“The doctor came in, gave me one look and said—‘What is the matter?’ I explained, and the nurse also

tried to say something, but he waived her aside. He had given no such orders and then he asked the nurse for an explanation.

"I could cite instance after instance, so it behooves the physician not to believe the nurse too implicitly.

"Furthermore, in operative cases watch the handling of your sterile dressings, and particularly how they are handled by your patient's own nurse.

"For instance, in one of my many operations the surgeon who had my case was so particular he did all his own dressings. Despite all his precaution, I was infected.

"At that time I was not 'up' on operations, hospitals, nurses, etc., as I have since become, and how that doctor would have raved had he known that his 'A-1' nurse would take the bag of 'sterile' bandages, sponges and what-not and open every package and paw through them, forgetting where this size was and was there such a sponge in this roll?' and over them she would go until she would have the bed partly covered with pads of all sizes and shapes. When she had it fixed in her mind where they were she would roll them all back in their little covers, and when the doctor appeared calling for sterile towels all around the wound, and picking up each pad and sponge with tongs that had been dipped in alcohol, what a farce it was and he doing his very best! To this day he doesn't know what his graduate nurse, 15 or 17 years at nursing, was doing to his patient, and why he had to use Carrel and Dakin solution on that case.

"Change your nurses frequently. My observation has led me to believe that in a private home six weeks is as long as a nurse should remain on a case. I myself would not keep a nurse so long. In the hospital it is not so bad, but if a "change of pasture is good," a change

of nurses is better. The first and second weeks they are interested and they do everything possible for the patient's comfort; the third week they become indifferent, and from the fourth or fifth on they become unbearable.

"And so it goes—watch your nurses as much as you watch your patients—and sometimes, I think, *watch them more.*"

CHAPTER XI

THE PHYSICIAN AND THE LAW

HOW TO AVOID A MALPRACTICE SUIT

This question, to our minds, permits of no answer. If a patient is disgruntled and determined, nothing will dissuade him from his purpose, and even though his claim is not founded on reason or fact, it is an easy matter to retain an unscrupulous attorney to present the case to the court. One of the greatest safeguards for the practising physician is to carry malpractice insurance.

The Doctor's Duty to His Patient.—The physician is never compelled to accept employment, but having once undertaken the treatment of a case, he is bound to continue with it until he is dismissed, or until, by the exercise of his sound judgment, his services are no longer required. Should the physician desire to leave the case, he must give his patient notice and afford him an opportunity to engage another doctor, and if the patient leaves the selection of his successor to the doctor, he must select a physician of reasonable capabilities.

If he is to perform any surgical work, it is imperative that he have the patient's consent and it is well to have witnesses present when this is obtained. If the operation is to be a major one, a written consent to such operative procedure or to "everything which the surgeon finds necessary" should be signed by the patient. If the patient is a minor, it should be signed by the parents, or if the patient does not understand the language of

the surgeon, the consent should not only be signed by the patient, but by the interpreter, who should make a statement that he has read the paper to the patient and that the other understands it.

If a consent to operation specifies a particular thing, and after the operation is begun the surgeon finds an additional graver condition, he is not, under the law, at liberty to operate upon the newly discovered lesion, but must confine himself to the particular operation consented to by the patient. What has been said relative to operations applies also to postmortems and autopsies.

The insanity inquest is slightly different, as the mode of holding such inquisition is usually regulated by State statute, which the physician should fully understand. There should be no collusion between the inquisitor and the relatives, nor should the physician diverge in any way in his professional conduct. It goes without saying that the physician should never sign a questionable certificate of any kind or character, be it a death certificate, a birth certificate, a health certificate, or other paper.

In general we might sum up the conduct of the physician as follows:

First he must be a gentleman, and must act cautiously and honestly. He must give to his patient the full benefit of his learning and experience, exercising the highest measure of that care and skill of which he may be possessed. Having done this, he has discharged his full duty. A further suggestion should be made as to his relations toward other physicians, surgeons, dentists or hospitals. He should at no time be overcritical of, nor should he ever express an opinion on, the conduct of a colleague. That is to say, he should not wantonly condemn a fellow practitioner's mode or method of treatment in any given

case. A malpractice case could never be sustained in court if physicians refused to testify. If the case is flagrant, the profession should array itself to condemn and exclude from their midst, an unworthy brother, but for mere petty grievances they should not seize upon slight opportunities to avenge themselves, through the medium of a malpractice suit, upon another disciple of Hippocrates.

This last suggestion is more psychological or humane than we have any conception of. In almost every field of human endeavor he that is first must perpetually live in the white light of publicity; whether that leadership be vested in a man or in a manufactured product, simulation and envy are ever at work. This is especially true in medicine. When a man's work sets a standard for the whole world, it also becomes a target for the shafts of the envious few. If his work is merely mediocre, he will not be molested; but if he becomes eminent in the science of medicine or surgery, he is usually made the subject of gossiping tongues. No jealousy annoys the obscure physician who has attained no prominence or fame.

Among the profession there may be found a form of selfish interest, and a leader of the profession is sometimes assailed merely because he is a leader. When a practitioner fails to equal or surpass another doctor who may have risen to prominence, the leader is usually assailed and the former seeks to underrate or to destroy the latter's reputation. It is just this spirit that is the moving factor in malpractice litigation. It is nothing more than a wrangle between members of the profession and never serves to elevate the practice of medicine to higher standards, but brings the profession and practice itself into disrepute.

Importance of Insurance.—To return to our suggestion that the practitioner should carry malpractice insurance. This statement is born of experience. The physician is ever subject to the peril of malpractice litigation. The defense of such an action, regardless of its merits, means the expenditure of time, labor and money. Even if the defense is successful, there is usually a financial loss. If unsuccessful, the amount of the judgment must be added to the initial loss. Judgment in favor of a defendant always leaves him a loser, because only a part of the actual expense of litigation is taxable as costs against the plaintiff, and about 75 per cent of malpractice plaintiffs are usually of the insolvent type and are commonly called "judgment-proof." In any case the practitioner who is a defendant in a malpractice suit is a loser at the end, unless he is protected by adequately written insurance. To the physician this protection is just as essential as is an insurance policy upon his home or his life.

How to Prepare for One's Defense.—The physician should first review with those whom he anticipates using as experts, the patient's history, the diagnosis and the treatment rendered. The patient's history should be carefully written down by the physician. Every fact, conversation, statement and circumstance should be given in full detail. This statement should then be carefully reviewed; it should contain every detail of the essential facts as disclosed by records, memory, witnesses or other corroborative circumstances, and this material should be carried with him into court. He should put into the hands of the attorney defending him all the available standard medical authorities that substantiate his method of treatment.

If any particular authority disagrees or condemns his treatment, he should explain to his attorney wherein the statement of the medical book is not in accordance with the general practice on the subject. He should discriminate keenly between his treatment and the statement. The defendant and his experts must be thoroughly grounded in the medical aspect of the case. The anatomy of the parts under consideration should be thoroughly known to all the physicians, so that a capable attorney could not embarrass the expert when he appears as a witness.

If nerves, muscles or the like are involved, the origin, point of distribution, function, whether motor or sensory, etc., should be known, and all the experts should be able to trace the origin and exits of these particular structures. If a bad result was obtained in any given case and this is attributed to the defendant's manner of treating the patient, a good explanation should be given why the result was not good. The defendant's attorney should be thoroughly grounded in the anatomy and treatment, should be abreast of what the authorities say on the subject, and in short should know as much about the case and its treatment as any physician who is to appear at the trial.

Essentials of an Expert.—In order to qualify him to testify, the essentials of an expert are first that he be a graduate, that he be licensed to practise, that he be familiar with the case, the medical treatment and surgery, etc., under consideration, that he be acquainted with the care and skill ordinarily required and exercised in the profession in the community where he is to testify, and that his statements be the result of experience rather than theoretic knowledge gained from books.

For your information we wish to state, that the great majority of malpractice cases grow out of the treatment of fractures, or out of operations, the use of X-rays or other electrical contrivances and hot-water bottle burns.

THE PHYSICIAN IN COURT*

The physician appears in court as a witness to testify to facts that have been brought to his knowledge by means of his senses.

Hearsay evidence is not admissible, since the person quoted is not under oath, cannot be put under cross-examination, nor be brought before a jury to pass on his veracity.

Exceptions are made in the case of dying declarations. For these to be admissible certain conditions must be present. These are:

These statements must be made by a person who knows or believes he is about to die and makes the declaration under this belief. Death must be imminent in belief and in fact, and must have resulted without delay after the injury.

At the time of making the declaration the dying person must have been competent and rational; he must refer to the circumstances of the injury and cover all the points to which he could testify.

When a doctor appears as an ordinary witness, he should state all the facts in plain English. He should use qualifying words only very seldom, if at all. When it is not possible to state the facts without the use of medical terms, he should immediately follow these words with their equivalent in non-technical language. Too many

*Excerpted by permission from "The Doctor In Court." E. Valentine Mitchell. Rebman Company, New York, 1917.

doctors resort to the use of medical terms, and the court, attorneys, jurors, or other witnesses do not know what in reality is being stated.

Attorneys seldom demand the whole truth. Ordinarily they seek only such information as is beneficial to their case. It follows that there are times when one is not permitted to tell the whole truth. One should be very careful to see that the statements he is permitted to make carry the intended meaning. He should make few dogmatic assertions and be certain of his ability to sustain them.

Expert Witnesses to Quality.—All experts must qualify as such before the court; their status is finally decided by the judge. No particular school is recognized in law. Each one is judged by the practices of the school to which he belongs.

The endeavor is always made to show that the expert is a paid and therefore a prejudiced and interested witness. The paid expert will appear to better advantage if this question is raised by stating frankly by whom he is employed and how much he is to receive. In far too many instances the expert testimony, as it is now understood and practised, has little value. All the court hears is involved medical theories produced by one group of experts and equally numerous antagonistic theories from the other. A medical adviser to and officer of the court could help to clear the foggy atmosphere.

Discrediting Testimony.—To discredit the physician or the effect of his testimony, two general methods are used: The direct and the indirect, or "Flank Attack."

The double question or the hypothetical question is the direct method of attack.

1. What is the physician's personal knowledge of the

history of the case? Does he know all the symptoms? Did he personally take note of them at the time? How much of this knowledge is objective, how much subjective?

2. How much science and skill has the physician generally and specifically? How much has he learned by personal experience with this particular sort of case? How much of this knowledge is only theoretic?

3. How long has he been in practice and what variety and extent in this practice does he have?

4. Some shrewd attorneys look up unusual medical terms and request the expert to define them. If he is unable properly to define a term or give a reasonably clear definition, the attorney will at once voice his grave doubt as to the capability of the expert as a physician with the intent that the Court shall form the same opinion.

5. The invariable question of a casualty expert in damage cases is:

"Is it not true that it is the natural tendency of the body to get well from injury or illness?"

If this is answered in the affirmative, the natural assumption of the attorney will be that the case at issue will ultimately completely recover, and hence no permanent injury ensue, and the damages, if any, will in consequence be nominal.

If answered in the negative, the physician must be prepared to sustain his contention by the citation of pertinent facts in this case or in cases of similar nature quoted by the authorities. In other words, this is a double question—one that might at one time be answered by "yes;" and at other times "no."

Flank or Indirect Attack.—The flank attack or indirect method is the one most commonly used. A criminal attorney of national reputation, when asked what

medical books he used to secure material to confuse the doctors, said, "I use no medical books. Why should I use his ammunition? In dueling etiquette the challenged party has the choice of weapons—my natural selection will not be medical topics, but legal points with which I am familiar."

His efforts may be said to be based largely on a personal study of the physician he is to examine, and include such points as credibility, mannerisms, temper, personality, dogmatic statements. Each witness is given careful scrutiny to find a possible hole in his armour. The weakest point is chosen and the attack centered upon it. This attorney almost invariably awaits the chance opening—some side issue that may disclose a vulnerable point of attack during the course of the trial; some subject upon which the attorney feels he is better prepared than the doctor; some point that is *not confined to the medical field*, such as:

How accurate are the physician's records of day, date and circumstances?

The personality and temperament of the physician are given the minutest scrutiny as he takes the stand and answers the first few questions. His veracity is first considered.

Is he dogmatic or uncertain; theoretic or practical; calm or quick tempered; careless or careful in his statements? Taking advantage of any weakness in the form of peculiar mannerisms or temperament, the attorney fights his case out in court and directs his strategy to meet the circumstances as they arise. He aims to bring out the physician's personality and render it ridiculous, or seeks to prove that his dogmatic assertions are erroneous, explode the theory, fool the memory, irritate the temper,

trick the witness into a rage, and thus secure injudicious, harmful, or discrediting statements.

To Illustrate the Flank Attack.—A certain well-known alienist for a great State, with thirty years' experience, was testifying as to the competence of an aged, eccentric millionaire recluse. The physician had been present each day of the trial, and had taken extensive notes as the case progressed. He sat far back in the court room.

The verdict hung on the question of the memory and import of two documents, contradictory in character, alleged to have been signed by the recluse within a few days of each other.

This hypothetical question was put to the physician:

Assuming, but not admitting, the allegations in this case to be correct, would you say that this man, who had seriously charged his memory with the keeping of two important dates in his mind and failed, would be insane? The doctor replied with a positive "Yes, Sir," and continued:—"A man who would sign two documents as described mentioning dates from his notes, is positively insane."

"Then, doctor, any man who would make this error, or a similar grave mistake, would be insane?" To which the doctor again gave a very positive, "Yes, Sir, he would be insane."

"Then, doctor, *You must be insane, for the documents were not signed on the dates you have given,*" retorted the attorney.

The physician flew into a rage, stormed and shouted at the attorney, was laughed out of court, and the case was lost. The physician was not prepared for an attack on his ability to set things down as he heard them.

Temper Should Be Guarded.—An ordinary witness or an expert should never try to strike back at the questioner; he should keep his temper at all times, and be extremely careful of his statements to an apparently friendly examiner, for such a one is more liable to devise some clever scheme for trapping the witness than is the blusterer. If a doctor does not know the facts, he should take time to consult the authorities before making any statement.

The use of notes by the witness is generally allowed. These must be correct and must have been made at the time in question or shortly afterward when the memory is active. These writings do not constitute evidence, but are very valuable. Accurate data should be kept as to patients under the physician's care, particularly where casualties are concerned. Careful record of conditions should be made when examining a patient for a client, the notes on the case being kept and filed with the doctor's own records. And finally he can correct errors in his testimony after the examinations have been completed. He can then make a short clear statement of the case as he understands it and give his version in such a way that others may be made to see his point.

Contracts: (A) *Express.* (B) *Implied.*—A contract is an agreement, upon sufficient consideration, to do or not to do a particular thing—*Blackstone*.

(A) An express contract is made in distinct and explicit language.

(B) An implied contract is one not created or evidenced by the explicit agreement of the parties, but inferred by law, as a matter of reason and justice, from their acts or conduct.

For a Contract To Be Enforceable in Law.—For this the parties must be capable of contracting, their minds

must meet, there must be mutual consent, no mistake or fraud, and a valid consideration.

Infants cannot contract, except occasionally for such necessities as meat, drink, apparel, physician and drugs.

The minor's contract is voidable until he becomes of age, when he can, within a reasonable time, render the same void or not.

For a man to claim to be a physician and surgeon, the law charges him absolutely with the duty of possessing the requisite knowledge. The patient has a right to assume this to be a fact.

The Physician's Implied Contract.—He contracts, by implication, that he will use that degree of learning and skill for his employer which is ordinarily possessed by other members of the profession in localities not dissimilar from that in which he is practising.

When Not Bound.—A physician is not bound by his contract (it being assumed that he uses due care, skill and diligence):

1. To accept employment from any one. This is at his own discretion.
2. To place the patient in as good condition as he was before the accident or illness.
3. To have the highest skill, nor to be thoroughly educated.
4. To effect a recovery in every case. No presumption of lack of skill follows such a failure.
5. To know the peculiar idiosyncrasies of patients to anesthetics or drugs of any kind.
6. To have the same skill as the specialist.
7. To make the correct diagnosis, provided the treatment he used was that indicated by the diagnosis.
8. The amount of care and skill is modified by the complaint.

9. To make no mistakes of judgment in difficult cases.

10. To show infallibility of judgment.

11. To continue services after he has been discharged by the patient or by some one in authority, even if harm comes to his patient.

12. To insure the successful result of treatment or operation. The fact that a patient grows progressively worse under his care and shows improvement when he ceases his attentions does not tend to prove liability.

When He Is Bound.—A physician is bound by his contract:

1. To use due care, skill and diligence and to keep abreast of the best usage of the profession; he must progress with his profession and avail himself of new appliances and treatments that are commonly adopted and sanctioned by the profession.

2. To give the patient his best efforts, whether or not paid or whether he is to be paid by a third party—the obligation is the same.

3. He must use his best judgment in all doubtful cases.

4. To use the remedies or appliances that reason or experience dictate as being best to aid the patient toward a speedy recovery.

5. To follow in a given case the established custom of the profession in similar cases.

6. To use no experiment on the patient unless this is clearly explained and used with the patient's consent.

7. To give the proper directions for the patient's care to the nurse, so that she would do for the patient what the physician would do if he were present.

8. Give the proper instructions to the patient as well as to the nurse.

9. Exercise every ordinary precaution, after visiting

contagious cases to prevent the spread of contagious diseases to others.

10. To advise against an operation that, in his best judgment, is needless or injudicious, whether or not this opinion is sought from him. If he does perform a needless or injudicious operation, he is responsible.

Contributory Negligence of the Patient.—(1) The patient must coöperate with the physician and follow his instructions.

2. If an improper diagnosis is made because of this neglect on the part of the patient to give the proper information, the physician is not liable.

3. The patient is bound to follow the physician's treatment and orders, provided the treatment is the same as a surgeon of ordinary skill would adopt or sanction, but not otherwise.

4. A physician is not liable for the negligence of hospital or other attendants over whom he has no control unless the relation of agent exists.

5. If a patient either wilfully or negligently fails to follow the physician's instructions, he is barred from recovering damages in court.

6. The inability of a patient to follow the physician's instructions does not alter the condition if the instructions were correct.

7. If a patient is told to visit the physician again and does not do so, the physician cannot be held liable.

Malpractice: (A) Civil. (B) Criminal.—If one fails to do anything which a reasonable man, under like circumstances with regard to those things which ordinarily regulate the affairs of men would do; or if he does something which a reasonable or prudent man would not do, he is then, in a legal sense, negligent.

One who engages to undertake the fulfilment of any duty or trust, or to perform certain acts, agrees to do it honestly and with skill and assiduity.

Negligence may be by—(1) Omission, or (2) Commission. Errors of omission are treated less severely than are those of commission.

Physicians could obviate most damage cases if they would warn patients of any unfavorable possibilities, expressly stipulating that in the event of their occurrence they would not be responsible. To make one's position secure this should be a written notice, a copy of which should be handed to the patient and the original kept to be filed with the records of the case. It is always best, in fracture cases, to inform patients that a perfect result is by no means certain. The one factor most responsible for damage cases is the failure on the part of the patient to follow instructions.

Excerpt of Decisions in Civil Malpractice.—(1) For a patient to be able to sustain an action of malpractice he must be able to show that his own conduct was blameless and did not materially contribute to the production of the injuries.

2. If a physician's lack of care, etc., is combined with negligence on the part of the patient, action may be brought, but the patient's negligence would, or might, mitigate the amount of damages.

3. Negligence on the part of the patient must be the direct cause of the injury and inseparable from, and contemporaneous with, the negligence of the defendant, in order to be used as a successful defense in malpractice.

4. If the patient is aware of the danger accompanying a certain undertaking, he is by law deemed to have assumed the risk, and cannot complain if injury result.

5. If a physician tells a patient that he is not an expert in certain forms of injury or ailments, and the patient sees fit to hire him, he cannot hold the physician to account for his lack of knowledge and skill. This will not excuse the physician from exercising such skill, care and diligence, as he may possess.

6. A person is chargeable with the natural and probable consequences of his acts.

7. The principal is liable for the torts of his agent committed in the course of his employment.

8. If a third party is negligent and no business connection or agency exists, the physician is not liable.

9. Patient's consent to an operation is presumed if the patient submits without objection. The burden of proof to the contrary is on the patient. This presumption applies only to the operation agreed upon.

10. Physicians are liable for infecting their patients with unclean instruments, and for mistakes of diagnosis, if ordinary care and skill are not shown; and for a mistaken diagnosis if the treatment is incorrect for the diagnosis that was made; also if they deceive patients by bringing any one into a sick room under false representations, and performing an operation without the consent of the patient.

11. The first and greatest right in law is the inviolability of the patient's person—that is, one's right to himself.

Patient the Final Arbiter.—(12) The patient must be the final arbiter, as to whether or not to take a chance with an operation.

13. The consent, or implied consent, to an operation must be given; under some circumstances implied unless the patient is deceived. The consent of the interested

parties must be had to each operation, whether for the same disease or for a new condition.

14. The husband cannot prevent the wife from undergoing an operation if she so desires. He must be given an opportunity to express his wish in the matter unless circumstances prevent.

15. In emergencies, cases requiring quick action, injured, intoxicated, irrational, unconscious, or unidentified, and where no opportunity or means exist for obtaining consent and an operation is imperative, the physician is justified in performing the operation, if this is, in his best judgment, necessary. He must do everything to protect himself, and where it is possible and expedient, he *should have a consultation* in each instance.

16. The burden of proof of an unnecessary operation rests on the patient.

17. Many States require that actions for civil malpractice be brought within a specified time. Generally no such action will be possible after a year or after the doctor has brought suit for his fee.

18. During the course of a consented operation new conditions may suddenly develop; in this event a surgeon can perform an operation without the consent of the patient if this is necessary and expedient.

19. A mistake of diagnosis or an unnecessary operation is not actionable if the proper means was used to arrive at the diagnosis and the evidence shows it to be a mistake of judgment only; if a reasonable doubt could exist of the nature of the ailment after exercising due care, etc.

20. A physician cannot be held liable for adjudging a person insane if he has made a careful examination. He is liable if no such careful examination was made.

21. A physician, acting on his best judgment in an emergency, with due care, etc., but not acting judiciously, is not liable.

22. A physician is liable if he delays too long in an emergency if he knows the consequences of unnecessary delay.

23. If capable physicians disagree after a consultation on a procedure, following and acting on the decision of either group are justifiable and not actionable.

24. The law will presume, until it is proved otherwise, that care and skill were used, and the burden of proof is on the patient to show that the doctor was negligent and unskilful, except where, from the acts or the failure to act, the negligence can be presumed from the injurious results.

25. Usually actions for malpractice do not continue after the death of either the patient or the accused. In a partnership the surviving member is chargeable with the malpractice acts of the other.

26. A person may secure damages only once for one and the same action, and this judgment is conclusive for all the injuries, direct or indirect, growing out of unscientific or negligent conduct of the physician.

27. When a physician is accused of negligence alone, his skill and competency cannot be considered.

The Decisions in Autopsies.—(1) No autopsy can be held without the consent of the interested relatives, except in cases of crime, by sanction of law, sudden death, suspicious circumstances, reasons of public policy.

2. With the exceptions noted in No. 1, the relatives have a right to the body in the same condition that it was in when death supervened.

3. Permission to perform an autopsy must be secured

from the relatives in the order of the nearness of relation: (A) surviving husband or wife; (B) children; (C) parents of the deceased, and so on to the next of kin. The nearer the relationship, the stronger the right of consent.

Representations of a Physician to His Patient.—(1) A patient has a right to rely on the representations of the doctor as to his ailment, its curability, and the ability of his physician to effect a promised cure or relief.

2. For the patient to have actionable grounds the opinion must have been communicated to the patient directly or indirectly by the physician; the opinion must have been false or erroneous, and known to have been false, or promulgated under such circumstances as would indicate a complete disregard for the best interests of the patient. Or there must have been intent to deceive the patient, the latter being justified under the circumstances in believing the doctor and in relying on his opinion. His conduct must have been controlled by it.

3. The opinion must have materially influenced the conduct of the patient, and it must appear that, without the influence of this opinion, the patient's conduct would have been different. It does not need to be shown that it was the sole inducement.

4. The patient must have been damaged by this reliance upon the representations made.

Law in the Matter of Fees and Their Amount.—(1) When a regularly licensed and graduate physician treats a patient, the law in the United States implies a promise to pay a reasonable fee for the services.

2. There is a presumption that a physician has complied with the law.

3. Unauthorized practitioners cannot collect for their services.

4. A physician need not show that his services either cured or benefitted the patient; he can collect for his services even if he makes a mistake in the diagnosis of the ailment if he has used due care, etc.

5. He cannot recover if he was intoxicated and unable to give the proper treatment.

6. The customary fees of the locality in which one may practise may be used as a guide in determining the value of one's services.

7. A physician is permitted to show how much the patient implied he would pay for the services rendered.

8. It is customary to grade the fee according to the wealth of the patient, but when called in to treat an unconscious patient, the ordinary fee will prevail unless sanctioned otherwise by the patient.

9. The measure of the worth of one's services to a patient is not by the benefit he receives, and there is no presumption in law with regard to such value.

10. The value to be proved is the ordinary and reasonable value for such service. The opinion of an expert is permissible to determine this value.

The Liability of Other Persons for Fees.—(1) The physician must show an express or implied contract to hold any one other than the patient liable for his fees. This promise to pay by one other than the patient must have been relied on by the doctor; the other antecedent acts of the parties to the contract determine the action. Legally, parties other than the patient can be held; in practice it is of little value to have this form of promise without friendly witnesses, otherwise it becomes the word of one person against that of another.

2. Generally, in order to hold a third party liable and be able to recover, it is necessary to make this an express

contract in writing, as, for instance, on the bottom of your card or other paper. Have the third party sign the word "accepted" and sign your name.

3. The relationship alone is not sufficient to establish the responsibility of a third party; the facts must show actual employment by the third person.

4. A bill to an estate must usually be submitted within four months after the death of the patient, must be itemized in full, and presented to the executor. Suits may be filed against estates if the bill for services is not sanctioned by the executor, they are most difficult to collect, and unless their payment is sanctioned by competent legal advice, it is doubtful value to sue.

Confidential Communications.—(1) To claim this privilege in court it must appear that the relations of physician and patient existed at the time the information was given.

2. Privileged communications are permissible even if the physician is employed by a third party. They do not depend on the compensation, or if treated free or at a hospital, or in a private house. The partner of a physician may not reveal communications brought to his notice.

3. An examination, for securing information only, when conditions are mutually understood, is not confidential or privileged.

4. If a physician examines a patient for information alone, and later treats the person examined, the relation of doctor and patient is created, and the physician cannot testify. Nor can he do so on the termination of the relation of physician and patient or in case of death.

5. The information considered confidential is that which is found necessary in prescribing for the patient's ailment; this may be acquired by verbal communication,

by looking at the patient, from other persons present, from signs of the patient or others, by writing, and by audible signs.

6. Patients may waive the right, or if patient sues the doctor for malpractice or the doctor is testifying in behalf of the patient, this would constitute a waiver.

7. A physician can be held for any damage suffered by reason of statements he has made about a patient's condition. A woman patient was the close friend of the physician's wife. The patient developed a venereal disease, and the doctor cautioned his wife about further association with the patient and was held for damages for divulging a privileged communication.

For the law in the specialized forms of medicolegal practice the reader is referred to the works on these subjects.*

*Hugh Emmet Culbertson. *The Medical Man and the Law*. Lea and Febiger, 1913.

CHAPTER XII

ETHICS

From the beginning rules of conduct have been laid down for the general guidance of the community. In the individual occupations rules have been devised to govern those who choose a particular calling. In the majority of cases these rules have been altered from time to time to meet and to conform to changed conditions. Many of the rules and practices of the early representatives of the medical profession have fallen into disuse because they did not meet the approval of the men engaged in practice.

One rule of conduct has not been improved upon by the lapse of time. This rule has withstood the test of use and applicability to every legitimate form of human endeavor. It has found expression in many forms from many different sources—the intent and general meaning have remained almost unchanged. It probably first appeared in written form in the Orient and is credited to Confucius—"Do not do to others what you would not have them do to you." In another form this was given to the world by Jesus Christ, and in still other words by those who have followed these great teachers.

This rule is the very embodiment of the conduct that should govern the actions of all men in all walks of life. It is the basis upon which most of the rules are formulated in the ethics of the medical profession. If this rule were followed literally, there would be little need for the other directions laid down by the various writers of ethics.

The consistent following of this rule is the only method that will enable a man to hold up his head and be proud of his distinction. I would earnestly recommend it to each and every one who enters the practice of medicine. There is no rule that is superior to it, and I know of none that is its equal.

All parents entertain the hope that their progeny may develop into wiser, more capable, greater, or more useful members of society than they succeeded in being. Each generation of doctors would seek to elevate the profession to a higher plane. Every year there enters the profession the output of the colleges, who also entertain this laudable ambition—to elevate the profession of which they are now a part.

Fortunately, the great majority of people are honest, but there is always in the general public a minority that is neither honest nor honorable, and so we must have laws, jails, officers of the law and courts to interpret the laws, locks on our doors, burglary insurance, and other things to remind us that society, as it exists today, is not perfect.

Just as there are unruly members in the general public, so also are there members in the medical profession who pay little heed to rules or ethics. They are self-seeking individuals who do not care how they get a thing so long as they get it. Against such persons and others of similar intent it is incumbent on the young man to be ever on guard. They plan their actions so that they stay within the law but fall far short of its intent. Their general line of thought appears to be to "Do unto others as they would do to you, but do it first."

This is the real condition that is likely to confront the young man soon after entering practice. On looking back to my early practice there is a certain similarity in

my experience to that of the young colt that first ventures far from the side of its mother, and approaches some other member of its species in perfect friendliness and good will, and receives a sharp nip in the neck or a good sound thump in the side for his temerity. These things are said reluctantly, for I am somewhat timid about dispelling the glamour that will at first surround the young physician. I have begun this work with the intention of presenting the facts as I see them, rather than as I hoped to find them, or as I still hope they may at some time become.

Much has been written about the ideals of life and general conduct, but, unfortunately, these are not followed by a great majority of people. There are also long serious dissertations on the proper ethics for practitioners to follow, but one would never believe this by the actions of many whom he will meet.

The fact that in every line of human endeavor some wander far from the tenets of their calling, does not, in any measure, excuse them for their digression. Though you read volumes on ethics, and follow the rules to the letter, and receive but little of this treatment in return, it will not serve as an excuse for you to resort to sharp tactics.

Choice of Consultants.—In practice it will be found an excellent rule to follow the direction given by a capable coach for a football team—"Play the game squarely and according to rule but you must protect yourself in the scrimmage." In medical practice it will be found that the scrimmage is not so different from a football scrimmage as it would at first appear. In view of the varying standards of probity one will meet, it will be quite evident that in your intercourse with the general public and with

your fellow practitioners your words and actions must be a matter of serious thought and deliberate choice. The physicians you may be requested to meet in consultation must be looked upon and treated by you according to the standing and reputation of such consultants and their personal attitude toward you as an individual. To do otherwise may cause you the possible loss of a patient and, in addition, serious damage to your professional standing. The physician who will attempt to undermine the standing of a younger and less experienced doctor with a patient will not hesitate to divert another's patient to his own practice.

The extensive practice the consultant may be assumed to have, or his real or reputed wealth, does not serve as an indication of the treatment he will accord a younger man. This can be gauged only by a personal acquaintance. In this respect, as in others, physicians are just ordinary mortals, and too many times the greater the practice, wealth or standing the more inordinate is the craving to enhance them.

Were there fewer physicians and were competition less keen, the majority of men would be quite well satisfied with an assured competence and a large enough practice to keep them occupied. The number of physicians in any city who have all they can do and who receive all they care to take is indeed limited. In other words, there is always keen competition; in many of the most desirable places this progresses to the stage where it becomes desperately bitter. In the latter case it is evident that the dividing line which separates one man's field from another's becomes increasingly indistinct. This keen competition, with its overlapping interests, accounts for many of the bitter controversies among medical men.

This condition of affairs is bound to continue so long as two or more men strive to exist where there is not sufficient to support one. The greater the number of physicians to any given number of people, the more keen naturally will be the competition. With this competition will come more numerous infractions of the finer rules of ethics, just as the greater the poverty of individuals, the more frequent will be the violations of the law.

Benefits and Dangers of Consultations.—How closely you must guard your own interests in consultations will depend upon your personal acquaintance with and friendliness between the consultant or consultants and you. Where the consultation is to be held with those in your own company or corporation, hospital or your associates, it would obviously be of little benefit to any one to be other than helpful and friendly to both the attendant and the patient. No added returns would come to any one concerned to introduce personal feeling into the case under consideration. Where there is no personal friendliness between the parties holding the consultation, and there is a possibility of personal benefit of any kind being derived, there exist all the elements necessary to the entrance of human passions.

Personal advancement or money, or their equivalent, continue to be, as they have been, "the root of all evil." These are the possibilities that are always present and should not be lost sight of by any one. It is true that these happenings are the exception, just as murder is the exception to the average person, but it does not follow that one should neglect to see that his own interests are conserved. Happily, the great majority of medical men are actuated by the highest motives and endeavor

constantly to do the greatest good to the greatest number.

In every consultation it is your duty to enter it with an open mind. If you have thoroughly prepared yourself in the matter of the history of the patient, made notes of the symptoms as they arose, recorded the reactions to the treatment given, etc., your views of the case in hand will in all likelihood be accepted by those called in to assist you on the case, and they will be pleased to compliment you personally for the able manner in which you have handled it. Besides this, they are apt to tell other medical men of your careful handling of cases. In other words, many of your consultations will be a sort of friendly examination of your ability as a doctor and an adviser of the ailing. Every avenue of possible criticism should be investigated and the objections removed before the consultation takes place. In this way the opportunities for saying unfavorable things about you to the patient will be eliminated.

Following a consultation the attending physician is sometimes requested to take orders from the doctor who is called in to assist. This arrangement may not operate to the satisfaction of all concerned. Usually the young physician is gradually shifted to a subordinate position, which is humiliating. In such a case it is better for him to resign at once.

Dr. Blanchard, in his "Letters to Dr. Betterman," writes that, "most consultants seemed to make the most of their opportunity to create a good impression on the families to whom he took them. He mentions one case where the family seemed to lose faith in him and to prefer the consultant to continue the case. The refusal of the consultant to do so appears to have served as a very

unusual proceeding and came as a most pleasant surprise.”*

To leave the pessimistic side of this subject one does derive a vast amount of good from these helpful workings of two or more minds centered on the main object in view—the good of the patient. This is the real point sought in most consultations, and the other remarks are included so that the young man may understand that his path may not always be strewn with roses.

There is hardly anything in life that does not have its drawbacks, and we must take things as we find them. If the bitter must be taken, it is better to take it first, for the sweet will be relished all the more afterward.

The “sweet” in this subject is the friendships that accrue from the meeting of good and true men who are working with you for a common purpose, and the knowledge that you are helping someone to better health.

“A consultation is the best opportunity to show one’s real ability in medicine, one’s position as to honesty and one’s standing as a man,” in Blanchard’s estimation.

Consultations may be classed as those having to do with—(1) The Patient; (2) Other Doctors; (3) Personal Matters.

When a consultation has been held on one of your patients, it will be your duty to inform the relatives, the patient, or interested friends of its result. Urgent necessity may compel a sudden and decided change in the treatment, but unless this condition exists, it will be better to make whatever changes are suggested at a later visit. This will not tend to create in the mind of the patient the belief or suspicion that the former treatment was entirely wrong.

* C. E. Blanchard, Letters to Dr. Betterman, (J. D. Albright, M. D., Publisher).

Old and difficult cases that are not thoroughly understood by you should be an indication to call in some one in whom you have confidence and from whose knowledge you may derive benefit.

In all doubtful cases, and in those in which death may be impending, or where there is any indication that this is a reasonable possibility, you should notify the interested persons of the conditions, so that they may express their personal preferences in the matter. The case may really be one in which a consultation would be valueless, but the friends of the patient often feel that everything was not done that might have been done, or that the calling in of some other physician would have relieved them from anxiety and saved them from possible condemnation from relatives who are not present.

Patients who are far from home are very prone to want consultations held for the most trivial ailments since they are apprehensive of the possible outcome. In these cases it is well to grant any reasonable request that will soothe their disturbed feelings and thus render the subsequent treatment less difficult.

Any other necessity that may occur should be given similar consideration. In each and every instance you should meet the consultant more than half way, make him welcome, and show him that you appreciate his willingness to help. Make your intercourse and professional duties with him as agreeable as circumstances permit, and attend to the collection of his fee.

Every conscientious doctor will encounter cases that puzzle him and that do not respond to the treatment given. In such cases the physician will call for the best consultant he knows, to get whatever assistance can be had.

To divide the responsibility for the treatment of one's relatives with others or where some unforeseen and unfavorable turn in the affairs of your patient makes the responsibility greater than you care to assume, and in the rural districts, where everyone knows everyone else, it is often wise to call a consultation where some trivial or slight ailment has developed into a serious condition and where the death of the patient would seriously reflect on your ability.

In all cases where there is a reasonable likelihood that legal action would be taken, either against you or another doctor or some common carrier or private concern, a consultation will establish the matter in case a suit results, and will also remove the reasonable possibility of the diagnosis being questioned. This is a most important matter, and it is becoming still more important since the compensation and other laws of similar nature have been enacted by the different states. In all these cases there should be accurate, written notes of the statements made, surrounding conditions, and all other matters bearing on the case.

All fracture cases, injuries of whatever kind, damage by common carriers, etc., should follow the same course of careful note taking, careful diagnosis, etc.

Threatened or self-induced abortions are a source of worry to almost every man in practice. Many states make it compulsory to report these cases to the police department before any treatment is undertaken. This is especially urgent when the patient is in a serious condition or near death. In those districts where there is no possibility of notifying the police department or other proper authority, it is especially to your interest to have some competent man see the case with you. This type of

patient may, as you know, pass out quickly—one day she may be well and the next day she may be dead. The attendant circumstances may be thoroughly understood by close friends but not by the neighbors. When a patient who has been, to all intents and purposes, perfectly well, passes out in a small community, there are bound to be some who will talk, and what they will say will not be complimentary to you, the one who could defend your name being dead. Without some good reliable physician to stand by you in this matter, very grave damage to one's reputation can and does result.

I know of two physicians who had the greatest difficulty in keeping out of jail for a crime that they were not guilty of. It took them more than a year to defend the action in court and to clear themselves of the charges for a crime committed by a midwife who later on her dying bed confessed.

Do not criticise the treatment or diagnosis of your colleagues. There is little doubt but that this stirs up more distrust in the mind of the general public and creates more hard feeling among medical men than any other single factor.

Treat the cases that come to you in the same manner that you would if they had never called on a physician before. Many cases of mistaken diagnosis will come under your care, and mistaken diagnosis will be made by you in an equally large number of cases. The criticism that you make of the other doctor, will but furnish him the opportunity to revenge himself when one of your errors comes to his notice.

No matter how angry a patient may be at another physician, it will not elevate you in his esteem for you to furnish him with further fuel to feed his flame. Let

other physicians build their own defense of their actions with their patients; if you can see nothing to be commended in what they have done, say nothing at all. The Medical Protective Company of Fort Wayne has found, after years of experience, that the majority of cases against physicians could never be sustained in court if other doctors did not assist them in their work. If you take the trouble to inquire about this from some one who has been in practice for many years, he will tell you that you will have enough to do to keep your own fences mended without tearing down those of others. There will be enough complaints, both real and imaginary, about your treatment, to keep you busy without bothering about those of some one else.

There are few physicians who will not be called upon at one time or another to give testimony in court about the treatment of some other physician. The less dogmatically you respond to the questions asked, the better. And unless your colleague has shown the grossest negligence, the less you say the better it will be for you in the future. With the exception of testifying in the case of the criminally negligent, the irregular or other doctors who are trying to evade the law, it will be to your best interest to avoid every appearance in court if possible. It is the experience of the Medical Protective Company that of all those who bring suit against physicians, the majority are those who have no property of their own, hence they are able to sue you with malicious intent and you have no redress against them for they are usually judgment proof. It virtually amounts to an effort to secure recompense from the doctor often without any legitimate reason for their action other than that of the possibility of obtaining damages, and it is for this purpose,

mainly, that suits are brought. For these and other patent reasons, the less often you appear in court the better it will be for your reputation and for that of your colleagues, as well as for the general reputation of physicians.

THE OBJECT OF THE PRACTICE OF MEDICINE

Some idealist has stated that a physician's effort should be for the good of humanity in general, with the monetary return a secondary consideration. This theory is a relic of the custom of the middle ages, and can be applied only if it can be made to conform to the general practice of the profession of today.

Some centuries ago it was the practice of the Egyptian and Grecian doctors (priests) to make no charges, but to receive from the grateful patients gratuities for the services they rendered. Because of their other sources of influence, and because they were recognized officials of the government and assured of the comforts and luxuries of life, no real need existed for them to receive more.

What a profound difference from the conditions of the present day! They held their positions for life, while the modern physician is in practice only so long as he can maintain the race with the others in his community—when he falls behind, he must retire or seek some other field of endeavor.

The early physician also received contributions for services other than medical, such as marriage fees and other similar ones, whereas the doctor of this age derives his whole livelihood from his personal efforts in the cure of the sick. Adam Smith, in his "Wealth of Nations," clearly demonstrated that when an individual greatly benefited himself he, at the same time, benefited society

in general. This is the exact position of every physician of the present day. When he benefits himself greatly by his efforts, he at the same time greatly benefits society in general by improving the standards of health and decreasing disease.

It is within my own memory when people scoffed at a minister for receiving a stipulated sum from his congregation for his ministrations in their behalf. This attitude has not entirely disappeared in this day. Caricaturists have made it the custom to depict the minister as of humble mien and in straitened circumstances. This attitude is changing. It is becoming clear to the people that the minister not only has a right to live, but to live on a basis of equality with those of his congregation; that his family has the same inherent right to the comforts of life as the congregation or public generally has, and that when the protecting head of the house is removed, his widow and children may be sure that they will not become mendicants. Society is 'gradually admitting that its professional servants have this right of support because of the services they render for the general good. Does any one believe that the physician does not also serve the society of which he is a part? It is because of this service that he is not in the same category as the early practitioner, who virtually lived upon gratuities. *The very thought is repugnant to any self-respecting, independent man. He believes, and rightly so, that he is justly entitled to his fee for valuable services rendered.* Courts and juries so look upon this matter, and if one sought to maintain that most men in medicine were practising for the love of humanity with their own interest only a secondary consideration, he would be laughed out of court. It is true that the interests of patient and doctor are mutual, but

neither is paramount. When a physician helps a patient, he helps himself, but it is not for altruistic reasons nor purely for humanity's sake—there is always the innate thought of self-support, which, however, works for the good of both parties.

A physician cannot afford to be a charitable institution. When he treats a patient gratuitously, he is forced by law to give him the same careful treatment that he would if he were being paid, but it is entirely optional with him whether or not he wants to treat a free patient. This is distinctly not the case with an institution that does charitable work for patients—it cannot be held liable for whatever errors may happen in the treatments given. It is recognized as a charitable institution, whereas the physician is not.

I have spoken with many hundreds of physicians in widely scattered parts of the United States and only very few claimed that they were, first of all, working for the good of humanity. The few who did make such a statement or implied that this was their object in life, displayed nothing in their demeanor or their surroundings to indicate that they were sincere in their attitude.

In my college days, and while teaching in other colleges, only very few students maintained that they were studying medicine for humanitarian reasons. They were quite frank in their statements that they intended to become physicians in order that they might make a living. Not that they were not intensely interested in their work, nor that they did not have visions of contributing toward the advancement of the race, for this was stated many times; but, after all, their principal concern was for themselves and for those who might come after them.

It is a rare thing to find a man who does not have some hope of excelling in a particular sphere, of creating or discovering something that may leave his name in stone and his deeds recorded in history. But the primary wish, in the meantime, is to better his own condition while he inhabits the earth. "A rose to the living is more than sumptuous wreaths to the dead."

Self-preservation is the first law of nature. This applies to the physician quite as truly as to every other mortal. The actuary of the New York Life Insurance Company finds that few doctors put aside a sufficient sum during their active years to give them a sufficient income in their old age. I insist that it is the legitimate duty that one owes to himself and a *binding obligation to provide for those who are his dependents*.

The greatest danger that threatens the medical profession is not the lust for the acquisition of wealth, for very few have this, but it is in not giving the people what they want. What they most desire is something that contributes to their well-being. No doctor demeans himself by catering to the patient's wants—proper service to mankind is the highest function that he can exercise.

Contract Practice.—Contract practice is held to be prejudicial to the best interests of the profession. Many medical societies deny membership to those physicians who engage in this variety of work. However, since membership in societies is composed of only about half of the practitioners, this rule is not generally rigidly enforced.

Contract practice is on the increase rather than on the decrease. Every industrial accident company and most of the states that have included this form of insurance in their laws have naturally resorted to the contract method of taking care of their medical risks. This also

applies to the states that have selected certain physicians to attend to their cases rather than let them go to any qualified man in the profession. The men who are thus selected often have no exceptional qualifications over others in the immediate vicinity, but this is found to be the most expedient way to handle these affairs. It is an injustice to the general practitioner or to the surgeon not favored, but none of these individuals are thus rendered ineligible to membership in the medical society. This is a form of practice more than any other, that is introducing commercialism into the profession. Every indication at the present time is that this method will increase rather than decrease. Whether or not it is agreeable the statement of a physician that he is in the practice for the sake of humanity is changing to that of permitting him to fill a contract position the same as any other man in commercial pursuits, where he contracts to do a certain thing for a stipulated sum.

The same condition applies to railroad surgeons, physicians in state hospitals, private hospitals, sanitarium, municipal service, life insurance, etc.

Contract practice is objectionable for several reasons, one of these being that the physician is compelled to attend to so many cases that he is not in a position to do either the patient or himself justice. This same objection is true of physicians who hold positions in city hospitals and other public institutions. These institutions are in theory maintained by and for the benefit of the entire public, not just a part of it. Moreover, they usually do not employ enough physicians, and for this reason each doctor is compelled to do so much that he is not able to give the patients the proper attention, or to do justice to himself. Moreover, it works a hardship on other physi-

cians, who lose this opportunity of gaining expertness by practice.

These connections are often available only to those who are already connected with a college or teaching institution. In some states there are many restrictions which are often a part of the state or municipal laws. When they are not so determined, it is the custom to distribute these positions among a coterie of medical men who are politically well connected, all of which works to the detriment of the physician in general practice.

The men who secure positions by political manipulation cling to them, in many instances, to the limit of their ability, generally for their personal benefit, and they use these public institutions to serve their own ends.

The same applies to the positions of the emergency service at the heads of the departments of most colleges and staff hospitals.

When there is any charitable work to be done in a city or town, my observation has been that people or doctors do not go to the trouble of using political pull or other influence for the honor of doing this service. The positions in the city and staff hospitals have a long waiting list of those who endeavor to secure positions that pay nothing directly.

One of the reasons for the eagerness to secure these positions is the practice it gives along certain lines and also the special personal benefits that these positions made possible.

Hospitals naturally divide men into narrow-minded cliques, each jealous of and hostile to the other. Every institution should be open to all reputable doctors and each should receive the same right of service.

Those who locate in a strange city and take their

patients to a staff hospital need not be surprised if their patients leave the institution with the names of one or more very capable doctors whom they did not know before going to the hospital. The nurses, instead of telling the patients that their doctor is an expert, will say that they had never even heard of him.

Patients are quick to notice the difference in the way the nurse and the man who occupies a staff position in that hospital serve you. If all does not go well, it is just possible that you will be asked to yield the case in favor of one of these doctors. News travels rapidly in these hospitals. When some well known physician on the staff has many operations and you have only an occasional small one there, this fact will reach the ears of your patient and your reputation will suffer accordingly. For these and other apparent reasons you should take few cases to the staff hospital until you are on the staff. Then you occupy the same position of vantage as the other physicians and can meet them on their own ground.

These are a few general conditions that you will invariably find when you go into practice in any large city. There are many other angles to the applied ethics of the profession that could be mentioned. The few points that I have brought out are not intended in any way to criticise the profession in general. They are not chargeable to the profession, but rather to the rapidly changing conditions of the times in which we live. A few legislators cannot give morality to a people. The wish of the majority of the common people makes our laws, and when laws do not conform to the wishes of the people, they are ignored or repealed and it seems to me that the Law of Ethics should be so revised that the practices of to-day should harmonize more closely.

PRINCIPLES OF MEDICAL ETHICS OF THE AMERICAN MEDICAL ASSOCIATION

CHAPTER I

THE DUTIES OF PHYSICIANS TO THEIR PATIENTS

THE PHYSICIAN'S RESPONSIBILITY

Section 1.—A profession has for its prime object the service it can render to humanity; reward or financial gain should be a subordinate consideration. The practice of medicine is a profession. In choosing this profession an individual assumes an obligation to conduct himself in accord with its ideals.

PATIENCE, DELICACY AND SECRECY

Section 2.—Patience and delicacy should characterize all the acts of a physician. The confidences concerning individual or domestic life entrusted by a patient to a physician and the defects of disposition or flaws of character observed in patients during medical attendance should be held as a trust and should never be revealed except when imperatively required by the laws of the state. There are occasions, however, when a physician must determine whether or not his duty to society requires him to take definite action to protect a healthy individual from becoming infected, because the physician has knowledge, obtained through the confidences entrusted to him as a physician, of a communicable disease to which the healthy individual is about to be exposed. In such a case, the physician should act as he would desire another to act toward one of his own family under like circumstances. Before he determines his course, the physician should know the civil law of his commonwealth concerning privileged communications.

PROGNOSIS

Section 3.—A physician should give timely notice of dangerous manifestations of the disease to the friends of the patient. He should neither exaggerate nor minimize the gravity of the patient's condition. He should assure himself that the patient or his friends

have such knowledge of the patient's condition as will serve the best interests of the patient and the family.

PATIENTS MUST NOT BE NEGLECTED

Section 4.—A physician is free to choose whom he will serve. He should, however, always respond to any request for his assistance in an emergency or whenever temperate public opinion expects the service. Once having undertaken a case, a physician should not abandon or neglect the patient because the disease is deemed incurable; nor should he withdraw from the case for any reason until a sufficient notice of a desire to be released has been given the patient or his friends to make it possible for them to secure another medical attendant.

CHAPTER II

THE DUTIES OF PHYSICIANS TO EACH OTHER AND TO THE PROFESSION AT LARGE

ARTICLE I.—DUTIES TO THE PROFESSION

UPHOLD HONOR OF PROFESSION

Section 1.—The obligation assumed on entering the profession requires the physician to comport himself as a gentleman and demands that he use every honorable means to uphold the dignity and honor of his vocation, to exalt its standards and to extend its sphere of usefulness. A physician should not base his practice on an exclusive dogma or sectarian system, for "sects are implacable despots; to accept their thralldom is to take away all liberty from one's action and thought." (Nicon, father of Galen.)

DUTY OF MEDICAL SOCIETIES

Section 2.—In order that the dignity and honor of the medical profession may be upheld, its standard exalted, its sphere of usefulness extended, and the advancement of medical science promoted, a physician should associate himself with medical societies and contribute his time, energy and means in order that these societies may represent the ideals of the profession.

DEPORTMENT

Section 3.—A physician should be "an upright man, instructed in the art of healing." Consequently, he must keep himself pure

in character and conform to a high standard of morals, and must be diligent and conscientious in his studies. "He should also be modest, sober, patient, prompt to do his whole duty without anxiety; pious without going so far as superstition, conducting himself with propriety in his profession and in all the actions of his life." (Hippocrates.)

ADVERTISING

Section 4.—Solicitation of patients by circulars or advertisements, or by personal communications or interviews, not warranted by personal relations, is unprofessional. It is equally unprofessional to procure patients by indirection through solicitors or agents of any kind, or by indirect advertisement, or by furnishing or inspiring newspaper or magazine comments concerning cases in which the physician has been or is concerned. All others like self-laudable, defy the traditions and lower the tone of any profession and so are intolerable. The most worthy and effective advertisement possible, even for a young physician, and especially with his brother physicians, is the establishment of a well-merited reputation for professional ability and fidelity. This cannot be forced, but must be the outcome of character and conduct. The publication or circulation of ordinary simple business cards, being a matter of personal taste or local custom, and sometimes of convenience, is not *per se* improper. As implied, it is unprofessional to disregard local customs and offend recognized ideals in publishing or circulating such cards.

It is unprofessional to promise radical cures; to boast of cures and secret methods of treatment or remedies; to exhibit certificates of skill or of success in the treatment of diseases; or to employ any methods to gain the attention of the public for the purpose of obtaining patients.

PATIENTS AND PERQUISITES

Section 5.—It is unprofessional to receive remuneration from patients for surgical instruments or medicines; to accept rebates on prescriptions or surgical appliances, or perquisites from attendants who aid in the care of patients.

MEDICAL LAWS—SECRET REMEDIES

Section 6.—It is unprofessional for a physician to assist unqualified persons to evade legal restrictions governing the practice of

medicine; it is equally unethical to prescribe or dispense secret medicines or other secret remedial agents, or manufacture or promote their use in any way.

SAFEGUARDING THE PROFESSION

Section 7.—Physicians should expose without fear or favor, before the proper medical or legal tribunals, corrupt or dishonest conduct of members of the profession. Every physician should aid in safeguarding the profession against the admission to its ranks of those who are unfit or unqualified because deficient either in moral character or education.

ARTICLE II.—PROFESSIONAL SERVICES OF PHYSICIANS TO EACH OTHER PHYSICIANS DEPENDENT ON EACH OTHER

Section 1.—Experience teaches that it is unwise for a physician to treat members of his own family or himself. Consequently, a physician should always cheerfully and gratuitously respond with his professional services to the call of any physician practicing in his vicinity, or of the immediate family dependents of physicians.

COMPENSATION FOR EXPENSES

Section 2.—When a physician from a distance is called on to advise another physician or one of his family dependents, and the physician to whom the service is rendered is in easy financial circumstances, a compensation that will at least meet the traveling expenses of the visiting physician should be proffered. When such a service requires an absence from the accustomed field of professional work of the visitor that might reasonably be expected to entail a pecuniary loss, such loss should, in part at least, be provided for in the compensation offered.

ONE PHYSICIAN TO TAKE CHARGE

Section 3.—When a physician or a member of his dependent family is seriously ill, he or his family should select a physician from among his neighboring colleagues to take charge of the case. Other physicians may be associated in the care of the patient as consultants.

ARTICLE III.—DUTIES OF PHYSICIAN IN CONSULTATIONS
CONSULTATIONS SHOULD BE REQUIRED

Section 1.—In serious illness, especially in doubtful or difficult conditions, the physician should request consultations.

CONSULTATION FOR PATIENT'S BENEFIT

Section 2.—In every consultation the benefit to be derived by the patient is of first importance. All the physicians interested in the case should be frank and candid with the patient and his family. There never is occasion for insincerity, rivalry or envy and these should never be permitted between consultants.

PUNCTUALITY

Section 3.—It is the duty of a physician, particularly in the instance of a consultation, to be punctual in attendance. When, however, the consultant or the physician in charge is unavoidably delayed, the one who first arrives should wait for the other for a reasonable time, after which the consultation should be considered postponed. When the consultant has come from a distance, or when for any reason it will be difficult to meet the physician in charge at another time, or if the case is urgent, or if it be the desire of the patient, he may examine the patient and mail his written opinion, or see that it is delivered under seal, to the physician in charge. Under these conditions the consultant's conduct must be especially tactful; he must remember that he is framing an opinion without the aid of the physician who has observed the course of the disease.

PATIENT REFERRED TO SPECIALIST

Section 4.—When a patient is sent to one specially skilled in the care of the condition from which he is thought to be suffering, and for any reason it is impracticable for the physician in charge of the case to accompany the patient, the physician in charge should send to the consultant by mail, or in the care of the patient under seal, a history of the case, together with the physician's opinion and an outline of the treatment, or so much of this as may possibly be of service to the consultant; and as soon as possible after the case has been seen and studied, the consultant should address the physician

in charge and advise him of the results of the consultant's investigation of the case. Both these opinions are confidential and must be so regarded by the consultant and by the physician in charge.

DISCUSSIONS IN CONSULTATION

Section 5.—After the physicians called in consultation have completed their investigations of the case, they may meet by themselves to discuss conditions and determine the course to be followed in the treatment of the patient. No statement or discussion of the case should take place before the patient or friends, except in the presence of all the physicians attending, or by their common consent, and no opinions or prognostications should be delivered as a result of the deliberations of the consultants, which have not been concurred in by the consultants at their conference.

ATTENDING PHYSICIAN RESPONSIBLE

Section 6.—The physician in attendance is in charge of the case and is responsible for the treatment of the patient. Consequently he may prescribe for the patient at any time and is privileged to vary the mode of treatment outlined and agreed on at a consultation whenever, in his opinion, such a change is warranted. However, at the next consultation, he should state his reasons for departing from the course decided on at the previous conference. When an emergency occurs during the absence of the attending physician, a consultant may provide for the emergency and the subsequent care of the patient until the arrival of the physician in charge, but should do no more than this without the consent of the physician in charge.

CONFLICT OF OPINION

Section 7.—Should the attending physician and the consultant find it impossible to agree in their views of a case, another consultant should be called into the conference or the first consultant should withdraw. However, since the consultant was employed by the patient in order that his opinion might be obtained, he should be permitted to state the result of his study of the case to the patient, or his next friend in the presence of the physician in charge.

CONSULTANT AND ATTENDANT

Section 8.—When a physician has attended a case as a consultant, he should not become the attendant of the patient during that illness except with the consent of the physician who was in charge at the time of the consultation.

ARTICLE IV.—DUTIES OF PHYSICIANS IN CASES OF INTERFERENCE
CRITICISM TO BE AVOIDED

Section 1.—The physician, in his intercourse with a patient under the care of another physician, should observe the strictest caution and reserve; should give no disingenuous hints relative to the nature and treatment of the patient's disorder; nor should the course of conduct of the physician, directly or indirectly, tend to diminish the trust reposed in the attending physician.

SOCIAL CALLS ON PATIENT OF ANOTHER PHYSICIAN

Section 2.—A physician should avoid making social calls on those who are under the professional care of other physicians without the knowledge and consent of the attendant. Should such a friendly visit be made, there should be no inquiry relative to the nature of the disease or comment upon the treatment of the case, but the conversation should be on subjects other than the physical condition of the patient.

SERVICES TO PATIENT OF ANOTHER PHYSICIAN

Section 3.—A physician should never take charge of or prescribe for a patient who is under the care of another physician, except in an emergency, until after the other physician has relinquished the case or has been properly dismissed.

CRITICISM TO BE AVOIDED

Section 4.—When a physician does succeed another physician in the charge of a case, he should not make comments or insinuations regarding the practice of the one who preceded him. Such comments or insinuations tend to lower the esteem of the patient for the medical profession and so react against the critic.

EMERGENCY CASES

Section 5.—When a physician is called in an emergency and finds that he has been sent for because the family attendant is not at

hand, or when a physician is asked to see another physician's patient because of an aggravation of the disease, he should provide only for the patient's immediate need and should withdraw from the case on the arrival of the family physician after he has reported the condition found and the treatment administered.

WHEN SEVERAL PHYSICIANS ARE SUMMONED

Section 6.—When several physicians have been summoned in a case of sudden illness or of accident, the first to arrive should be considered the physician in charge. However, as soon as the exigencies of the case permit, or on the arrival of the acknowledged family attendant or the physician the patient desires to serve him, the first physician should withdraw in favor of the chosen attendant. Should the patient or his family wish some one other than the physician known to be the family physician to take charge of the case, the patient should advise the family physician of his desire. When, because of sudden illness or accident, a patient is taken to a hospital, the patient should be returned to the care of his known family physician as soon as the condition of the patient and the circumstances of the case warrant this transfer.

A COLLEAGUE'S PATIENT

Section 7.—When a physician is requested by a colleague to care for a patient during his temporary absence, or when, because of an emergency, he is asked to see a patient of a colleague, the physician should treat the patient in the same manner and with the same delicacy as he would have one of his own patients cared for under similar circumstances. The patient should be returned to the care of the attending physician as soon as possible.

RELINQUISHING PATIENT TO REGULAR ATTENDANT

Section 8.—When a physician is called to the patient of another physician during the enforced absence of that physician, the patient should be relinquished on the return of the latter.

SUBSTITUTING IN OBSTETRIC WORK

Section 9.—When a physician attends a woman in labor in the absence of another who has been engaged to attend, such physician should resign the patient to the one first engaged, upon his arrival;

the physician is entitled to compensation for the professional services he may have rendered.

ARTICLE V.—DIFFERENCES BETWEEN PHYSICIANS
ARBITRATION

Section 1.—Whenever there arises between physicians a grave difference of opinion which cannot be promptly adjusted, the dispute should be referred for arbitration to a committee of impartial physicians, preferably the board of censors of a component county society of the American Medical Association.

ARTICLE VI.—COMPENSATION—LIMITS OF GRATUITOUS SERVICE

Section 1.—The poverty of a patient and the mutual professional obligation of physicians should command the gratuitous services of a physician. But institutions endowed by societies, and organizations for mutual benefit, or for accident, sickness and life insurance, or for analogous purposes, should be accorded no such privileges.

CONTRACT PRACTICE

Section 2.—It is unprofessional for a physician to dispose of his services under conditions that make it impossible to render adequate service to his patient or which interfere with reasonable competition among the physicians of a community. To do this is detrimental to the public and to the individual physician, and lowers the dignity of the profession.

SECRET DIVISION OF FEES CONDEMNED

Section 3.—It is detrimental to the public good and degrading to the profession, and therefore unprofessional, to give or to receive a commission. It is also unprofessional to divide a fee for medical advice or surgical treatment, unless the patient or his next friend is fully informed as to the terms of the transaction. The patient should be made to realize that a proper fee should be paid the family physician for the service he renders in determining the surgical or medical treatment suited to the condition, and in advising concerning those best qualified to render any special service that may be required by the patient.

CHAPTER III

THE DUTIES OF THE PROFESSION TO THE PUBLIC

PHYSICIANS AS CITIZENS

Section 1.—Physicians, as good citizens and because their professional training specially qualified them to render this service, should give advice concerning the public health of the community. They should bear their full part in enforcing its laws and sustaining the institutions that advance the interests of humanity. They should cooperate especially with the proper authorities in the administration of sanitary laws and regulations. They should be ready to counsel the public on subjects relating to sanitary police, public hygiene and legal medicine.

PHYSICIANS SHOULD ENLIGHTEN PUBLIC—DUTIES IN EPIDEMICS

Section 2.—Physicians, especially those engaged in public health work, should enlighten the public regarding quarantine regulations; on the location, arrangement and dietaries of hospitals, asylums, schools, prisons and similar institutions, and concerning measures for the prevention of epidemic and contagious diseases. When an epidemic prevails, a physician must continue his labors for the alleviation of suffering people, without regard to the risk of his own health or life or to financial return. At all times, it is the duty of the physician to notify the properly constituted public health authorities of every case of communicable disease under his care, in accordance with the laws, rules and regulations of the health authorities of the locality in which the patient is.

PUBLIC WARNED

Section 3.—Physicians should warn the public against the devices practiced and the false pretensions made by charlatans which may cause injury to health and loss of life.

PHARMACISTS

Section 4.—By legitimate patronage, physicians should recognize and promote the profession of pharmacy; but any pharmacist, unless he be qualified as a physician, who assumes to prescribe for

the sick, should be denied such countenance and support. Moreover, whenever a druggist or pharmacist dispenses deteriorated or adulterated drugs, or substitutes one remedy for another designated in a prescription, he thereby forfeits all claims to the favorable consideration of the public and physicians.

CONCLUSION

While the foregoing statements express in a general way the duty of the physician to his patients, to other members of the profession and to the profession at large, as well as of the profession to the public, it is not to be supposed that they cover the whole field of medical ethics, or that the physician is not under many duties and obligations besides these herein set forth. In a word, it is incumbent on the physician that under all conditions, his bearing toward patients, the public and fellow practitioners should be characterized by a gentlemanly deportment and that he should constantly behave toward others as he desires them to deal with him. Finally these principles are primarily for the good of the public, and their enforcement should be conducted in such a manner as shall deserve and receive the endorsement of the community.

CHAPTER XIII

DEMEANOR IN CRITICAL CASES. STATING THE PROGNOSIS

DIAGNOSIS

1. *To Go About Your Diagnosis Correctly.*—The first as well as the most important point in diagnosis is to know what you are doing, and go about it in a direct-workman-like manner. This means that everything except the patient and the pertinent factors relative to his ailment should be completely excluded. His story of his complaint and all related things are to be considered and weighed. Center your conversation, attention and effort on the point to be determined. Allow nothing to lead the conversation into other channels until the question at issue is settled in your mind and all your patient's questions have been answered in a way that you have every reason to believe will set his mind at rest; concentrate all your faculties on the problem confronting you, and listen attentively to all your patient has to say. Do not interrupt him in his story unless it is to gain some essential fact he has not made clear to you. Make these interruptions as rarely as possible. Most patients have a pre-formed theory as to the way in which their disorder began, or what caused it. If they are not allowed to describe the condition as they see it, they will retain a fixed notion in their own minds that you can not arrive at the proper conclusion because you did not hear all the pertinent facts. They will feel that the part of their untold story was of vital importance in arriving at the proper conclusion.

The simple act of listening to their story attentively serves two ends. Both of these are important. The patient has had that for which he craved: an opportunity to be completely heard. You have had an opportunity to study your patient while he was telling his story. This study of the individual and the disease will also have included the peculiarities of the patient. What method could give you a more correct measure of a man than listening to his ordinary conversation? He will be too interested in the detailing of his ailment to disguise his language.

Now that you have listened carefully to his story, is the time for your questions. These should be directed exclusively to determine precisely what you desire to learn. In the first place, patients expect you to know certain things without having to ask all about them. In the second place, the time of those interested as well as your own is too valuable to waste. More than this, the patient will readily conclude that you do not know much if you wander too far afield. Most of them, for example, will not consider that the age of their grandparents has anything to do with a constipated bowel. The questions that are asked should disclose the needed information, and when all is available to make certain of your patient's history, further questions are useless. The patient has a right to assume that your whole attention is given to his case. This being true, there will be no need to repeat a question. If your methods for determining what afflicts your patient are carried out as they should be, this will lead him to believe that you know what you are doing.

In this way you will learn what is wrong with your patient, instead of making the error that many

indolent minded physicians do by "asking" the patient what ails him. That is what you are engaged to find out. To conform to time-honored custom, you will ask to see his tongue, take his temperature and pulse, and inquire about his sleep, bowels and appetite. "The tongue tells a story of its own, even when silent," some of the later teachings to the contrary—a story the laboratory does not always disclose.

Learn what is the matter with your patient. Do this by observation of the patient, asking questions of him or of those caring for him. To do otherwise will shortly teach your patient to cease referring to his symptoms.

No matter what the ailment may be, patients do not believe that they have been properly cared for unless they have been examined. Every patient should have some form of examination, no matter how trivial the complaint, unless it is self-evident to you that he already knows what the trouble is and wishes treatment only. Old or new, seen frequently or seldom, examine and find out how your patients are and what troubles them.

Every effort should be made to have your talks with your patients alone. There are always some questions that patients hesitate to answer when others are present. This is especially true when intimate personal matters are under consideration. All the facts will not be brought out if others are present, in many instances, and the omission of any one of them may be sufficient to lead you into error in forming your conclusions. This is particularly true of certain personal perversions and habits. Certain conditions of mismated couples can be elicited only by the fullest confidence and strictest privacy. If your practice is to include many women patients, this truth will shortly be brought home to you.

In the sexual way there is present in women an underdevelopment and urge of one in ten, and in married couples there is an unbalance one way or another in one in five. There is no more aggravated case of nervousness of women than in one of these mismated couples. You will not secure this information if others are present at your examination—husband or other relatives not excepted. S. Weir Mitchell contends that “you cannot properly diagnose the peculiar nervous ailments of women unless you *know* something of their sexual life, for their whole nervous mechanism is connected with it.”

Patients often deny any venereal history for the reason that they do not consider that it is any of your business, for to them their past venereal history has no connection with their present trouble. To those who show any hesitation in answering these questions it is well to explain the possible connection between an old forgotten ailment and their present complaint. A case in point may be cited: A man had stomach trouble. Stomach tests, x-ray and other examinations showed a simple chronic gastritis with generally lessened secretions. A short treatment failed to benefit and the case disappeared. Two years later a call to this man showed paralysis of one side, and he was only 35 years old. He had denied having any sore or venereal ailment because he saw no connection between this old infection and his present affliction. All the symptoms cleared up with syphilitic treatment.

A woman was treated for six months before the reason for her periodic neuralgias of the head was learned. It was improper balance between the husband and wife. If you want the whole truth, you will need to interview husband and wife separately. There will be times when you must obtain your final answer by giving expression

to a suspicion of the existence of a certain condition. Often you will never obtain the whole story.

Another important matter is the manner in which you make your diagnosis known to your patient. This will have a decided bearing on your success.

Let it be understood that patients are not so keen to know the minutiae of the diagnosis as they are to learn how long they are to be sick. They will insist on knowing when they will be well and "how much it will cost." Patients will be more skeptical of you in the beginning than later on, because they will then have more faith in you.

The man who believes he can make his diagnosis and give his findings to patients and friends in a cold, unfeeling manner need feel no surprise when the patient goes elsewhere for treatment. You cannot give a diagnosis and make a friend by adopting the attitude of—"this is my diagnosis—you can take it or leave it." People will not tolerate such an attitude.

A patient who will come to you and be given a correct diagnosis, may be lost if you do not also calculate his mental capacity.

The longer you go about in the fixed belief that the medical fraternity is a thing apart from the general community, and that a medical man is a superior being, just so long will you be failing to serve the community as you should. If you carry this belief very far, you will not even have a chance to serve the community, for people will seek some one more human to whom they can tell their troubles. As I have stated before, the prominent business man is often more readily seen than the snobbish upstart, and the real medical man is the most human and approachable of physicians. This brings us to the diagno-

sis problem, viewed from the angle that attention must be given to the character of the individual before you. Your demeanor must correspond with his conception of what an efficient physician should be and do.

You can make a rapid, correct diagnosis on some patients and lose them as a result. You have traveled too fast for him to follow you. You may ask many questions of another, find out all his family history, make a slow diagnosis, which is also correct, and still lose this patient. Your mind did not travel fast enough. This man is not interested in fine details—he is after the main point and the results.

The American public is temperamental, emotional and critical. These mental traits are just as much to be considered in the manner of making and giving your diagnosis as is the symptom complex of their ailments.

The method you adopt for the quick, nervous, energetic man is obviously not applicable to the slowmoving, analytical mind of the phlegmatic person. Your method of diagnosis must take the individual into consideration.

To every patient you must show that you understand your profession and act in a manner that will convince him of this fact. The method of doing this will be determined to a large extent by the individual temperament of the patient.

When you first begin to practise, patients will be more skeptical and ask more questions than they will in later years, when you are better known.

Every medical man will agree that a full and correct diagnosis frequently cannot be made at once. Some cases may be treated for weeks and months and the real character of the ailment still be uncertain. In other cases the diagnosis is never fully made or known. An

extreme instance of this is that of a woman who has had periodic attacks of intense pains in the abdomen, vomited, bile, and had diarrhea for more than thirty years. She had consulted, been treated by, and been operated on, by many specialists. The cause of the vomiting, pain and diarrhea had been removed, according to the various diagnoses that had been made, and the vomiting, pains and diarrhea still continued. The stomach had an ulcer and she was kept on a milk diet for months. At her first operation it was found that no ulcer had ever existed, and the various other organs that were blamed for and operated on produced no effect or change in the character or frequency of the attacks.

It follows then that in an old chronic case no immediate diagnosis should be attempted, no treatment given except to relieve some distressing complaint. The patient will know, and the doctor should frankly admit, that time must be taken to study the case thoroughly before any conclusion can be made.

2. *To Decide Upon Your Diagnosis.*—There will be times when the physician must side-step facing the issue with a definite conclusion. This will be patent to all. It is not so evident to all that a definite decision must ultimately be met. The patients who have been ailing a long time will have past experience to judge by. They will know that an immediate diagnosis could not be made correctly and would certainly refuse to accept a hasty decision. This will aid the doctor, because it agrees with what he knows to be true. It does not follow that a conclusion will not soon be asked for. It will be requested and it must be met or the physician in charge will have to make way for some one who will give the patient his candid definite conclusion.

In acute and chronic, old and new cases, a decision must be made sooner or later. The man who tries to evade the question continually, or very often, is liable to be left in the long run.

When the time arrives that a diagnosis can be made, *i.e.*, when sufficient time has elapsed for the observation of the case to permit a correct diagnosis, it is distinctly the duty of the physician to give it, and he should do so in a convincing manner and without any reservation. Any indecision, under the circumstances, must be carefully avoided. *More cases are lost and more doctors fail to convince the patient by indecision than by any other method.* This faculty of solving a problem and arriving at a *definite decision* is very often a personal quality of mind.

The doctor giving the diagnosis *thinks* he is right. If the physician's mind holds a doubt as to the correctness of his own conclusion, he will often fail to convince either himself or his patient.

To convince a patient you should have no reservations in your mind. You must be sure that you are right. When you feel that you are right, you could pass on and should pass something on to your patient that will make him agree with your belief. He will act on your opinion and advice when he has been fully influenced by your demeanor and has accepted your decision as a true fact.

There is only one certain way to arrive at this desired frame of mind. You must understand your profession generally, know your case thoroughly, study it carefully, eliminate the possibilities and settle on the probabilities.

Whatever *thinking* must be done, do it in the proper place—at home or in your office. Forget that there ever was such a word as *think*. *Eliminate it completely from your vocabulary.* As soon as you say “think,” there

arises in the patient's mind that great doubt: "My doctor does not *know*." The patient is placing his very life in your hands and he expects you to know. He is paying you to know. It is your business to see that you do know all the pertinent things about him before you attempt to make a diagnosis. Your patient has every right to expect this from you or to be told that it cannot positively be known.

Once you have made your diagnosis and know it to be correct, adhere to it. A positive, decided diagnosis will win more cases than any other single factor.

In this connection I would remind you that most people have more than one ailment. It has become almost an obsession with the general public to lay their troubles to *some one disease*. They have been abetted in this by their doctors and teachers. If you will recall the simple diagnoses that came to the postmortem room and compare them with the findings of that examination the disparity the two becomes apparent. The first appears as a simple item, whereas the latter resembles a complete bill of lading. Keeping this fact in your mind you can, with perfect truth, say that most patients' have more than one disease.

In those cases, then, in which a definite diagnosis cannot properly be made, formulate a diagnosis of the apparent diseases until the case progresses sufficiently to permit you to choose the correct one.

The Patient Must Understand the Diagnosis.—Under no circumstances allow your patient to be uncertain as to the meaning of your remarks. See to it that the patient understands what you say and comprehends what you mean. Persist in the explanation until it is quite evident that he grasps it and understands what has been told

him. No matter what station in life your patient may occupy, take particular pains to use the simplest language possible. Anything approaching the mysterious should be, and most often is, construed as an insult to the intelligence of the patient.

As soon as the patient shows that he fully understands what you have told him, "any reasonable suggestions that you may then make will be readily followed. If they are not followed, it shows that your mind has traveled too fast for him and you must ascertain from him what it is he does not understand. Approach the explanation from some new angle until this becomes clear."

Strange and inexplicable things happen to doctors every day. Unusual and unforeseen terminations of cases frequently occur. Therefore one should be prepared, when making his diagnosis, to leave room for a change. Even though you *feel* that you *know positively* all that afflicts your patient, the unexpected may happen. It is always well therefore to add, "barring the unknown."

To have some very grave condition develop suddenly and without apparent reason is a most trying ordeal for the physician. The patient may have been getting along ever so smoothly, when all at once, without warning, comes this sudden change, like a bolt from a clear sky. This is the possibility that accompanies every case—and it is for such possible contingencies that you must be prepared. Patients are prone to expect more of their physician than it is humanly possible to give. They will expect you to warn them of these dangers. If you have left no way out, for yourself, you may suffer undeserved blame and censure.

This uncertainty is also a reason why no ailment should be regarded lightly. Certainly you should be

good-natured, desire for an early recovery, spread cheer wherever you can. A sudden change may easily occur, when you will regret having given your patient an opening to censure you for not telling him of the approach of danger.

PROGNOSIS

There are about thirty thousand Christian "Scienceless" healers in the States—one to every three thousand inhabitants. These people are making a comfortable living out of the patients who were *incorrectly diagnosed or gloomily prognosed, or both*, by regular physicians.

A famous Chicago alienist was noted among the profession for his facility in giving a favorable prognosis. He gave a favorable prognosis when most of the other consultants pronounced the outlook partially or completely unfavorable.

Be most careful and cautious in stating that a patient can live but a few weeks, days or hours. It is a risky business. It requires a wiser man than any doctor I know to venture such a statement and be correct.

Almost every physician has former patients who are alive and well whom he has mentally or openly consigned to an untimely grave.

I have met dozens of people who have derisively boasted of foresight superior to that of the physician who had made this sort of error in his prognosis.

The safest plan is to give no certain prognosis. We have no insight into the future. It is very poor judgment to guarantee anything, and should never, under any circumstances, be given.

It is not practical to avoid giving the patients some conception of our opinion of the duration of their illness.

Patients are often more interested in this question than in any other concerning themselves. An answer that is truthful and, if possible, satisfying to the patient and friends is often insisted upon. One should avoid giving any prognosis unless it is demanded by the patient or by some interested person.

You can state with absolute frankness that the duration of sickness is uncertain: that much depends on the vitality of the patient as well as on his responsiveness to the treatment. In simple ailments, however, where the outcome is apparent, be outspoken. Be always cheerful in demeanor except where hope is gone.

Where the patient shows constant improvement, and there is no doubt as to the result, encourage him as much as possible. You may, in appropriate instances, hazard a guess as to the time of his ultimate recovery.

Flint states that "a happy face is often of more value than drugs." Coleridge says that "the one who is the best physician is the one who can inspire the most hope." It costs you nothing to be hopeful, encouraging and cheerful and to have a pleasant greeting for your patient.

Good cheer is a wonderful aid to those who are in distress. We know that many men have died purely of homesickness—a craving, in reality, for the sight of his friends—of someone who has a sincere interest in his welfare. If a physician is all he should be, a friend and kind counsellor of the sick, he can bring good cheer that will be a distinct aid at all times, and in many instances will tide the sufferer over some critical period. This trait will make your patients look forward to your arrival, enjoy your visit, and speed you on your way until the time of your next call. An instance will illustrate this: A well known physician worked for a number

of years as a regular graduate male nurse, and later, with the help gained by nursing, completed his study and became a doctor. He was a wonderful success. He is well liked personally by his friends, respected by other physicians for his marked ability, and almost worshipped by his patients. Why? These are his own words: "I nursed patients so long that I feel how they are getting on when I enter the room. I see how they feel by their facial expression and posture in bed. I know they cannot feel well if the room is untidy and the bed and pillows neglected." This doctor does not consider it beneath his dignity to arrange the pillows, sheets or bandages, or supervise the sponge or alcohol rub and the making of the bed. He attends to the details, as experience has taught him that it pays to make his patients comfortable.

It is rarely that a physician is called upon to do any of the things that custom relegates to the province of the nurse. It is his duty to the patient and to himself to see that those functions ordinarily performed by the nurse are accomplished. This should be a matter of regular routine observation on the doctor's part. Almost every patient will feel better satisfied if the doctor applies the bandages and the dressings. In severe critical cases it is his duty to do everything that may assist in even the slightest degree in adding to the comfort of the patient or the possibility of prolonging his life or speeding his recovery.

Instead of giving up when things look darkest, he will earn the undying gratitude of all concerned by remaining with the patient until the last breath. Though he may lose his patient, the very persistency with which he tried to save him will live long in the memory of those who were near and dear to him.

When permissible, place a mild construction on the general aspect of the case and select your words so that the information you give may be least distressing. Show sympathy and interest in the condition by all means. To use the blunt, cold, direct word "incurable," alone and unmodified, is cruel. Whatever is said, let conditions be what they may, give your candid opinion.

The Value of Religion to the Afflicted.—There is scarcely a person who does not have some form of belief regarding the soul. Each sect and creed has certain peculiar doctrines, and most of them have rites that are customarily performed for those who are about to die.

A devout belief in almost any sect or creed is comforting, and the person who is threatened with death is often relieved by receiving that spiritual guidance for which he craves.

Every consideration for the mental and physical welfare of the patient will prompt the physician to grant readily the administrations of such rites as the patient's church demands.

I do not believe it the province of the physician to perform religious rites unless he is of the same faith as the one he is attending. It will rarely be necessary for him to do so. Some one of this faith who is authorized to perform these rites is usually available. There are other reasons that should urge you to take this course of promptly notifying relatives and friends of the danger of impending or approaching death. The everlasting enmity of the patients' relatives and friends may be incurred if you do not.

Should the beliefs of the patient and the physician be the same, it is permissible, in certain instances, for the physician to administer the rites himself, although this is

need protection himself. Statistics show that, starting with one hundred healthy men at age twenty-five, there will be sixty-four still alive at age of sixty-five—sixty-one have lost all their property; fifty-four are dependent for support on their children or other relative or on charity; seven are still able to work and will be able to support themselves for another year at least, and only three are able to live on the savings of their productive years.

With this unimpeachable evidence confronting you, the way should be clear. You need help. You need a plan by which an estate for your old age can be created with absolute certainty. The sixty-one dependent men earned enough money during their productive years to have provided for their own old age—but they had no plan.

Working alone, a man's chances of ultimate financial independence are small. The fear, therefore, of the average man and wife that they may in old age, be practically penniless and dependent on their children, friends, or the state, is well founded. If you could know, beyond any doubt, that a bank as strong as the Federal Reserve Bank would put you on its monthly payroll, without work, at age sixty, sixty-five or seventy, and continue to pay you the same amount every month as long as you live, your financial worries would be over. Well, one of the strongest financial institutions in America will do that very thing—and much more. It is all included in the new service of the Optional Endowment contracts maturing at age sixty, sixty-five or seventy, offered by some of the leading life insurance companies. These contracts anticipate a man's intentions and enable him to do easily and quickly all that he may aim for in a financial way, no matter how hard he works.

seldom necessary or advisable. Each man to his profession is a better rule to follow.

Due notice should be given to all parties concerned of the possibility or probability of impending death. This will permit the friends or relatives to have their own rites performed in their own way.

Another reason, that is purely medical, is that the worry and anxiety over the possibility of death occurring without these rites having been performed having been removed, tends to calm and satisfy the patient so that a crisis in his affliction may be passed and he proceed to a recovery.

It happens sometimes that when your patient recovers because of your own untiring intelligent efforts, after you have labored with him for days and weeks, his friends will calmly inform you, in a matter-of-fact way, that "it was the religious administration that cured him." But it is the proper and right thing to do, nevertheless, and you can find consolation in the thought that you did for the patient as you would choose to be done by.

CHAPTER XIV

INSURANCE

A physician must carry life insurance. Life insurance is the only method ever devised whereby a doctor—or any other professional man—can capitalize his chief asset—his brain. A physician is essentially a student—he is not a business man. He does not store up assets in the form of “plant,” machinery, material, manufactured goods, stocks of merchandise, etc., which may be indemnified against loss by theft and fire and converted into cash at his death. His skill, his knowledge, his trained mind, these are his capital and they vanish at his death. This skilled mind of his is often worth many times the merchant’s stock of goods, and the only way to capitalize it to provide for his own old age or for his family, is to carry an adequate amount of life insurance.

A doctor must have credit—moral credit—before any one will consult him. And since business and moral credit are not only often interwoven, but also much alike, he should understand what constitutes the basis of credit. Credit is, or should be, based on three things: Character, ability, and emergency assets. Without character there is nothing, but character alone is not enough. With both character and ability, a man is entitled to credit, even though he has no assets—he can produce property. If he has character, which includes a willingness, a determination to pay, and conservative forethought which prepares for emergencies, and ability, which

assumes that he can manage his affairs, finance his undertaking, look after its details, and sell his product or services so that there will be something to be managed and financed, and emergency assets which are large enough, and quickly convertible into cash, to pay the obligation should his character and ability be lost by death—then he is entitled to full credit.

The only emergency asset available at low cost is life insurance. This is as true of the banker and the business man as it is of the physician. Life values are, in the last analysis, the only true values. Goods, material, and good will are the outcome of life value. Life values are lost by death, which is certain to occur; material values are lost by fire, yet there may be no fire.

Accordingly, it shows a keener insight into actual conditions to insure life values—skill and brain power—against certain ultimate loss than to insure property against a loss that may never occur. This realization is causing business and professional men to take on increasingly large policies of life insurance.

When a man dies there is a loss. Losses must be paid. How? By the insurance company, if there is a policy in force; by the man's family, if there is none. How will the family pay the loss? By being reduced to a lower standard of living, by denial of educational advantages to children, by unaccustomed toil by wife and children; possibly by charity, or by want and privation driving children to steal food, and thus leading to a criminal career.

But value of emergency assets is not confined to paying a man's debts and providing for his family at his death. He may not die during his productive years. Of course, if he does not die, he will become an old man and

need protection himself. Statistics show that, starting with one hundred healthy men at age twenty-five, there will be sixty-four still alive at age of sixty-five—sixty-one have lost all their property; fifty-four are dependent for support on their children or other relative or on charity; seven are still able to work and will be able to support themselves for another year at least, and only three are able to live on the savings of their productive years.

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Working alone, a man's chances of ultimate financial independence are small. The fear, therefore, of the average man and wife that they may in old age, be practically penniless and dependent on their children, friends, or the state, is well founded. If you could know, beyond any doubt, that a bank as strong as the Federal Reserve Bank would put you on its monthly payroll, without work, at age sixty, sixty-five or seventy, and continue to pay you the same amount every month as long as you live, your financial worries would be over. Well, one of the strongest financial institutions in America will do that very thing—and much more. It is all included in the new service of the Optional Endowment contracts maturing at age sixty, sixty-five or seventy, offered by some of the leading life insurance companies. These contracts anticipate a man's intentions and enable him to do easily and quickly all that he may aim for in a financial way, no matter how hard he works.

This service presents the only method known to finance whereby a man can create, *with absolute certainty*, an estate for both himself and his family. If he could be certain that he would live, that he would not become disabled by sickness or accident, that some one or some force, would compel him to deposit a stipulated amount regularly, that business reverses or mistakes of judgment would not cause him to lose everything before he reaches age sixty-five—if he could know these things he could create an estate for his old age without the aid of any one. He does not, and cannot, know one of these things, and they are the ones on which the creation of an estate depends. Should he die without insurance, he leaves only the few deposits he has made, not the estate he intended to create; if he is disabled, his earning cease, and he will be compelled to exhaust the deposits already made. If he makes regular deposits in a bank for twenty years, or more, he will be virtually the only man who has ever done so without the compelling force of obligation; if he has not lost everything by age sixty-five, he will be one of the three out of a hundred.

Therefore, when a way is presented to him by which he can create an estate, no matter which of these things may happen, he is the most reckless gambler to attempt doggedly a practical impossibility.

We believe that the Optional Endowment policy maturing as a life monthly income, to begin not earlier than age sixty nor later than age seventy, is the best form of insurance for a physician or other professional man. There may be times or circumstances, however, when another form of policy may be a better temporary protection. For example: A young doctor just beginning his practice, in order to carry as large a volume of insurance as his

limited means will permit, should start with an ordinary life policy. The premium on this plan is the lowest of any form of permanent insurance. As his finances improve he should take on new policies on the ordinary life plan until he carries a fair volume of insurance, and then, as his finances continue to improve, he should begin to convert these Ordinary Life policies into Optional Endowments. This he can do merely by paying the difference in the reserves (cash values) of the two forms for the years carried. For example, an Ordinary Life taken at age twenty-five and carried five years has a reserve cash value of \$45.76 for each \$1000; an Optional Endowment at age sixty taken at age twenty-five and carried five years has a reserve value of \$80.25. By paying the difference of \$34.49 the Ordinary Life can be converted into an Optional Endowment at sixty. In the same way the Ordinary Life can be converted into a Twenty-Payment Life, or any other form with a higher premium rate, without any question of insurability.

We strongly recommend the Ordinary Life to the young doctor provided he keeps in mind the plan of converting it when his volume of insurance is substantially all he desires.

If a doctor finds himself temporarily in financial straits, or if he borrows money, or assumes an obligation such as a mortgage on a property he intends to buy, etc., he may take term insurance. Term insurance should never be taken as permanent insurance because it carries no reserve or cash value, and therefore does not provide for one's old age. Term insurance is written for a limited number of years, at the end of which time it expires, the same as fire insurance, the premium covering the actual risk of death only during the term period.

A term policy, however, may be converted, on medical examination, into any form of permanent insurance during the conversion period specified in the policy. Term insurance rates are very low.

In addition to life insurance, a physician should carry total and permanent disability insurance, which most of the reliable life insurance companies now combine with their life policies. He should also carry an accident and health policy, such as is now issued by the better class accident insurance companies. He should likewise carry a physician's liability policy as a protection against suits for malpractice. Such a policy should be obtained from a responsible surety or liability company. This matter is treated more explicitly in the chapter on "The Doctor and the Law."

CHAPTER XV

VACATIONS AND HOBBIES

Hobbies and Health.—The first as well as the last, and most important, thing in the practice of medicine is to retain your health.

It is a sort of paradox to speak of health in writing a book to and for doctors. It appears presumptive on first thought. But observations, personal experiences, and investigations of health records show that many physicians are slow to follow hygienic principles and that many of them become insane from overwork. The doctor who knows the ways of health and disease often neglects himself.

There is no calling that makes so strong a demand for good health, and but few compel their followers to break so many of the rules that go to make for health.

The practice of medicine requires that the successful man must be mentally, physically, and morally strong. The race for success in this day as in those past goes to the strong. What profession draws harder on mental, physical or moral strength than does the practice of medicine? The hours are long, the work of medicine or surgery is difficult and exacting, and the temptations are many. To meet those exacting requirements, one must have health and strength.

The human organism has not yet completely adapted itself to the tension of modern life, according to the New York Conservation Commission, and this "constitutes

one of the greatest social and physical menaces of the day." We see many people whose ailments are directly traceable to overwork. Dr. Brady, of the N. Y. Conservation Commission, has well put it—"the struggle in business life today is a long-drawn-out fight against fatigue. You dare not rest for fear of being left behind."

If physicians would only apply their knowledge to themselves, there would not be so many wrecks. All have watched the man who has run for miles in a race—at its close the contestants are each running as hard as when they first started. But how fast are they going? Each one is putting forth his maximum effort—but his speed is only a fraction of that of the fresh runner. This comparison applies to the doctor who works continuously and the one who takes an occasional rest.

The physician who works all day and part of the night may believe he is making speed. He is certainly putting forth all the effort he has, but neither his mind nor his body is capable of expert judgment or quick action. He is poisoned by the toxins of fatigue. It can be shown that the great bulk of accidents happen early in the beginning of the day's work or near its close. In the morning the faculties have not become completely focused on the job in hand; at the close of the day they have wandered because of fatigue. The wonder is that more gross mistakes are not made because of these very things.

If a physician is to get the greatest service out of his mind and body, he must make provision for play hours as well as for working ones, for when one works continually there will come a time when he will not know how to play. Like the mender of shoes, who is usually imperfectly shod, and the tailor, who is improperly clad, and the carpenter, who is poorly housed, so is the doctor poor in health.

Every medical man should consider taking his vacation when his cares begin to keep him from sleeping at night. It does not take many hours of sleep to effect repair when the sleep is sound, but when it is only a partial sleep, one wakens and feels quite as bad as when he went to bed. The best thing to do in such a condition is to cultivate a hobby, if you do not already have one.

If your health is poor, all your attainments will be worthless. With all your getting, get health. For the man who does not have a moderate amount of health will find that when his health is gone, his practice has gone with it.

How can a man have a cheerful face and a pleasant smile and give a hearty hand grasp if he is sick? Just recall the sickly smile that the convalescent tries to wear when you call. That is about how you look when you call on a patient and try to make him think you are happy. The world is not going to stop revolving if you go away for a time. People will continue to get sick after you return. If you build a thriving practice from nothing, your reputation will certainly survive a few days, absence from your work, and the added energy you have on your return will more than compensate for the little you will lose.

Physicians deprive themselves of more than they can conceive by being sparing in the matter of vacations. "Economize on everything else rather than on this. On this the very well-spring of your being depends. Health is the pearl of great price, for which, if need be, we should be willing to exchange all our possessions. Without it all else is powerless to make us happy. Many a man has bartered his health for millions and sighs for what wealth cannot restore."* Doctors see this everyday. In spite

*Orison Sweet Marden—Success Magazine, Jan., 1921.

of this, they go on working and slowly abuse their most valuable possession, heedless of the misery all about them, each one chasing some particular phantom, which, once gained, they believe will make them happy. Should they gain the coveted prize, it but serves as a pinnacle from which they can see other great vistas spread out before them that must be reached, and another plunge is taken. In this chase that essential thing—health—is lost. With its loss all other things become valueless—with all your getting, get health.

It is a wise saying that it is better to wear out than to rust out. Good judgment doesn't warrant one in doing either. The finest steel will crystallize with constant use and decompose with idleness. Its greatest use is developed only by alternate periods of use and rest.

The finest minds can be and often are driven to exhaustion. They can and do become useless through indolence. To obtain the maximum of their efficiency, there must be alternate periods of work and rest.

The greatest thing to relieve the mind, to give it rest, is to pursue some hobby. The farther this hobby is from the surroundings and conditions of your profession, the greater good will the change accomplish.

The special object one may be attracted to does not matter, just so it affords interest and pleasure. Actually one might go through a certain course daily of his own volition and keep in fine physical and mental condition. In practice this does not work out because the great majority simply will not adhere to it. Physical culture experts recognize this failing of their clientele and aim to instil friendly competition into the pastime. One must have company when one plays, and for this reason should seek that pastime that would attract congenial companions.

Local conditions and personal inclinations will govern the choice. To many hunting is the sport supreme. It combines all the elements of exercise and in addition calls in use all the mental faculties. Any bird hunter will testify to the scheming and planning required to match the instinct of self-preservation possessed by all the feathered tribe. The hunter of deer knows full well that only if fortune favors him can he expect to outwit his game.

It is obviously impossible for me even to suggest to others the particular form of recreation that would suit them. The point is that each and every one should have something to break the monotony, fatigue and worries; change is the important thing. The particular vehicle by which this is accomplished is the least important factor. The newly rich father was told to take his daughter out of the special school, and in answer to his inquiry for the reason was told that his daughter did not appear to have the proper comprehension; he said: "I will buy her one." If you do not find a hobby convenient, go out and hunt one. At all events, acquire one, and ride it to the point that you find that relaxation that all must have.

Tennis, golf, hiking, horseback riding, hand ball—anything will do for a hobby so long as it takes your mind off your work and gives you mental and physical recreation.

Locality and inclination will influence you in the choice of your hobby—but get one and ride it.

CHAPTER XVI

GRIST FROM THE MILL OF EXPERIENCE

The following quotations and adaptations are from the works of noted medical and other authors and their advice may well be heeded by the young physician.

Learn early and remember well that every patient that comes into your office comes from and is a loss to some other doctor, so—treat them all and get all the patients to come that you can, for your competitors are doing the same.

W “Do your new patients return? If not, find out why.

If you make NO mistakes, you are the only one known in the practice of medicine who does so—but, having made them, do not show your poor judgment by getting angry when told of them. It will be of immensely more value to you to be told of your failures with patients than of your successes. The successes you know; the mistakes you did not know, or they would not have been made.”

Keep your own counsel regarding the details of your patient's affairs. If there is to be any talking, let them do it. Your friendly patient of to-day may be your bitterest enemy to-morrow. So be careful what you say to him.

Do not preach morals to patients! You are hired to treat ailments—not to expound on theological topics. Let others who have been trained for this work do this.

Keep your religious views to yourself. Your patient has just as positive opinions on these topics as you have.

To get into a controversy with him will only tend to make him drift to some one else.

"Never explain—you will not need to explain to your friends and your enemies will not believe you."³

Endeavor to determine when patients are becoming dissatisfied and ask for a consultation or withdraw from the case before they ask for a consultation and dismiss you.

What lies in store for your patient behind the veil of to-morrow is unknown. You can, therefore, guarantee them nothing.

Modify your treatment at all times when it is possible to suit the desires of your patient.

Remember what you say to your patients and see that your later statements agree with your first. You will have many to remember and he has only his own case to keep track of—and will remember all you tell him. Be sure that your statements are the same each time. Only notes made at the time of your conversation, and covering the substance of the same, can be relied upon.

"It requires the same amount of medical skill, sterling virtue, and expenditure of time to treat the indigent as the well-to-do or rich. Apply your efforts in the direction of eliminating the no pay or poor pay patients.

"The disparity that exists between the income of the medium to poor city doctor and the one in great demand is not so much in the number of patients visited each day but in the amount each one pays.

"Patients seldom put any great value on the services of a doctor when they get them for nothing. We appreciate those things most that are the hardest to obtain, and that cost us the greatest personal privation."²

Patients will argue, complain and object to paying a

legitimate fee for a difficult operation, and yet if they are really satisfied will boast to their neighbor about paying this large bill.

“Keep a list of your old patients. Look up this list in one or two years and see how many are coming back to you. This will give you food for serious thought.”²

When a patient calls you because he could not locate his own doctor, do not act as if you were doing him a favor—this will not make him call you again.

“Never neglect your present patient for the supposedly promising one in your reception room or elsewhere. Your present patient is *Your Opportunity*. A patient in your consultation room is worth more than a dozen prospective ones.”²

Make it an unfailing rule to learn how and why each patient comes to you. In each case send a letter of appreciation to the one who recommended him to you.

“You will need to be popular. This will require you to be patient with many a tedious complaint, old chronic grumbler, and other nuisances. Every business has in it many unpleasant features and ours is no exception.

“Some patients growl and grumble from force of habit. Try to discern the growlings of an old chronic from a real complaint.

“When you can make the strange patient feel that you are not only friendly but his friend, he is no longer a stranger.

“You may be too close fisted with your patients and friends or too absent minded to hand out a cigar occasionally. The results, in either case, are identical.

“Being pleasant to your grouchy patient will not change his temperament, but it will change his estimate of your character and good will flow to you from this changed attitude.

"When occasion demands that you change from the established rule of treating patients in their turn, see that the reasons for the change are good ones and that it is agreeable to those who are made to wait."²

It is costly for the physician to indulge himself in the privilege of saying what he thinks—and his popularity will be affected inversely to the amount he indulges in this practice.

"If a patient gets angry and raises his voice, don't be foolish and do the same thing. A fight with a patient in your office will help your practice about as much as a scandal."

"The way to head off competition in practice is to keep working. If this will not bring out your best qualities, you are not made of the right stuff. Tell your patients what you can do: they will find out about the other doctor themselves."⁵

"If a patient cannot pay a small bill, be sure that it will not be any easier for him to do so when it gets larger."² If a man cannot pay one week's board, how can he pay two? Is the question a large hotel owner always asks.

Do not endorse papers—you are a doctor and not a banker. If you must do something, lend your patient the cash or refer him to someone who is in that line of business.

Pay your bills when they are due, or see that those to whom you owe money are informed of your inability before the promised date of payment.

"You can set medicine up on a pedestal if you want to and delude yourself into the idea that you are of the Lord's anointed, and as such entitled to special privileges. But when you get right down to brass tacks, it is just as well to mingle vaingloriously with the multitude and gather in the cash the same as other folks."⁶

"Because you did well in your practice this year, do not get the old hammock ready for the coming year and think it will keep coming. The only way you can keep it coming is to work at your practice all the time. Patients are not going to come after you—you must go more than halfway to meet whatever practice you get. What preparation have you made to find out the names of the people who have moved into your neighborhood?"²

"You must treat the children right if you intend to stay in practice. They grow up quickly. They will go to the doctor that they feel friendly toward."²

"Necessity, pressure, excitement, crowd contagion, are things which bring out our full energies—while worry, despair and fear are the ones that hold us back."⁴

"The best rule to follow is to do the best you can and not worry."

"To say 'No' requires the highest power of the mind and requires the most energy."

"Have something to give your patient that he wants. Your work must be appreciated. Make it a point to please patients. No one lowers himself in pleasing his clientele.

"Be determined to serve your patients better than they were ever served before. Know that whatever has been done by other doctors can be done by you, if you will properly prepare yourself to do it. Know that whatever has been done by doctors can be done better by you if you go about it with sufficient preparation. Nothing gives one greater satisfaction than to note professional progress.

"If the doctor looks common, he will think common. So both mind and body should be well dressed."⁵

Telephone your convalescents and inquire of their progress. If they are going on a long journey, ask them to write you of their condition.

"Be tolerant of the whims of the sick—and never accuse of malingering unless you are certain."¹

"It is well to cater to high class patients—do not forget that the masses are more numerous. The plain patients require the same courteous treatment as the exclusive set. Be impartial in your politeness to all patients.

"You gain nothing by arguing with a patient—go on the policy of some of the great department stores and hotels—"The patient is always right." To argue with your patients may win arguments for you and lose patients at the same time. To even intimate that the patient is a liar is to invite him to go to some other doctor—and this is just what he will do.

"Try to find the points that you and your patients agree upon."²

When a patient begins to argue about the size of your proposed fee, do not become impatient—this patient is calculating how he can meet the obligation. The man to be afraid of is the one who says, "Go ahead, I do not care what it costs."

"It is the quality of the service you give a patient, not the price, that he will remember and that will make him come back or stay away.

"Whatever price you make to a patient, do not say it as if you were ashamed. If this patient should argue about the price, it is your duty to show him the reasonableness of the same in view of the difficulties of the case and the amount of work that the treatment entails. Except from force of habit, a man will not argue about the price if you have shown that you are giving him full value for his money."²

"It will be difficult to satisfy patients if you get them

in the habit of expecting too much for their money. The hardest show-crowd to please is the one that gained admission on passes. People appreciate what it requires effort or expense to obtain.

"Politeness to patients begins at the telephone. It will be difficult to get patients to come to your office if you are short or gruff with them on the phone."

Tell patients who need further attention and who do not seem inclined to seek it that you will return the following day unless you hear from them to the contrary.

"Never compel, force or make a patient do anything. You can usually win a patient to do anything if he has any reasoning mind left.

"Never allow yourself to be angry with a patient under any circumstances whatever. You may be very strong, firm in argument, unbending in urging your claim and insistent on obedience as you please—but never more than this.

"Always take a patient's word without questioning, unless you have the best of reasons to doubt—and then give your reasons.

"Direct your best mind to the making of your patients well. If you take a case because you think you can succeed—put every other consideration aside save your determination to bring the patient to his normal self.

"The spirit that prompts getting the best results in every case undertaken will also profit better than any other in the end.

"When you benefit others, you benefit yourself. Teach this truth to your patients—patients that may have become selfish, self-centered or self tearful—to be carried out with success with the patient, your desire to benefit him must be the whole truth.

"Arguments with the reasoning mind are much less effective than reason directed to the subconscious. To carry this out, gather your patient's ideas in simple conversation, making notes of the important features. Then talk to those conditions. When you find them giving the right answer, the subconscious mind will retain and entertain the right idea. This will ultimately correct the conscious mind."¹

Though there are millions of people in the world, there are no two individuals who are identical in all respects, in appearance, mentally, morally, in their reaction to disease, food or medicine. One will do well to inquire of the chronic or periodic sufferers if there is any drug or food they cannot take. In this way one will avoid some embarrassing reactions of drugs and respect the information the patient may give in regard to this idiosyncrasy. No case comes to mind where the patient misled the doctor in this regard. I have frequently had patients who have endeavored to explain to me this peculiarity of theirs to some drug. If the information is not heeded serious trouble may come to the patient as a result. Two cases illustrate this peculiarity to a drug, both in the hospital for pernicious vomiting, both giving similar indeterminate histories, both objecting to the stomach-pump for the test-meal. They were given apo-morphin. One almost died, the other was relieved temporarily.

"The more you educate your patients to pay cash the more they will do it."

"If you can say a word that will induce your patients to pay cash, say that word.

"No patient's word is as good as cash right in hand."²

"When a patient asks for a statement so as to pay his bill, have it ready. To ask him to wait or to come at some

other time is the common and unpardonable sin of many physicians.

"The most important patient you will ever have is the one who will pay cash for the services you render. Know this man and all about him. This patient and others like him will pay your bills and make you comfortable."² "He that sells on trust, loses many friends and always wants money."—*Franklin*.

"You must know which patient to trust or begin looking for a good collector—one who makes this his whole business."²

The doctor, who loses his suits for valuable services rendered; who is made ridiculous in court in cases of injury and is forced to pay damages for alleged malpractice, is the one who has no accurate record of his visits, no notes or observations about the case, and the business attached to it.

"If you are to grow you must have system in your office. This system must fit your business. Adopt this system when you first start in practice, for a good system will make a better doctor and a more successful practitioner. See that the medical system you adopt facilitates your practice and is accurate.

"The filing of records of cases will take some time, but when you do need the record of a case you will need it acutely. See that these records are placed so that you can find and use them.

"A bill for services rendered is certainly uncollectable when you quit trying.

"Have your bills to patients correct and you will not need to apologize or correct mistakes."²

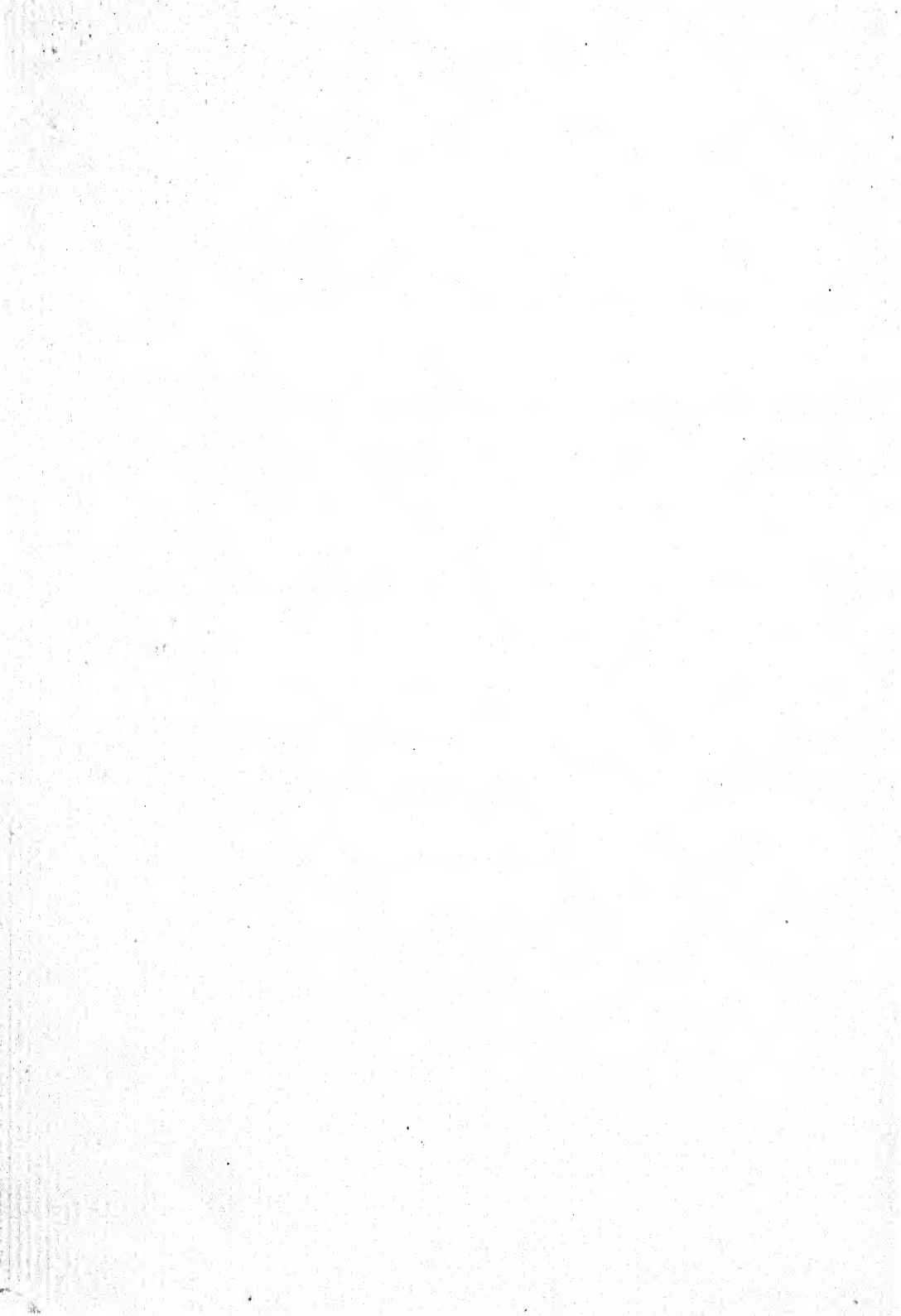
"If a patient cannot pay for his first visit and does not return because you asked him for your fee, you are only

out one call—had he treated for months the result would have been identical so far as payment was concerned—you lose in both instances—in the first only one call, in the other, months of effort.

“A verbal understanding with a patient becomes a legal misunderstanding if one of the parties dies, forgets or changes his mind.”²

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INDEX

ABILITY, changing of, into income, 98

Accounts, old, collection of, 165

Advertising, 107

by means of apartments, 109

of civic organizations, 108

of clinics, 112

of colleges, 112

of commercial clubs, 108

of hospitals, 112

of hotels, 109

of newspapers, 110

of papers, 110

of public generally, 109

of societies, 107

of telephone book, 110

Alcohol, use of, 39

American Medical Association, principles of medical ethics of, 250-260

Anesthetist in hospital, 132

Apartments, advertising by means of, 109

practice in, 115

Appearance, personal, 34

Assistant to another doctor, 136

Attendant, office, 148

Automobile, 150

Autopsies, consent to, 227

BAG, Chicago, 153

medical, 153

of city use, 154

obstetrical, for country use, 155

surgical, for country use, 155

Banks, care of employees, 126

Beneficial societies, care of members, 135

Bills, 206

Blanchard, 237, 238

Brady, 284

Broadmindedness, 35

Burbank, 26

Brown (Hayden), 297

Business side of profession, 98
stationery, 146

CARD system, 159

Cards, personal, 145

Carlyle, 13

Carnegie, 114, 171

Chart method, special daily, 159

Cheer, good, 21

Cheerfulness, 265

Chicago bag, 153

Choice of location, 65

how to make, 70

Christian, 297

Chronic case, faith in, 49

Civic organizations, advertising by means of, 108

Civil malpractice, 223, 224

Cleanliness, 34

Clinics, advertising by means of, 112

Clubs, commercial, advertising by means of, 108

Coleridge, 272

Collection of old accounts, 165

Colleges, advertising by means of, 112

Commercial clubs, advertising by means of, 108

houses, care of employees, 125, 126

Communications, confidential, 230

Confidence, 23

of patient, 42

Confidential communications, 230

Consultants, choice of, 234

Consultation room, 140

- Consultations, benefits and dangers, 236
- Contract practice, 246
- Contracts, 220
- enforceable in law, 220
- express, 220
- of physician, 221
- when bound, 222
- when not bound, 221
- implied, 220
- Contributory negligence of patient, 223
- Court, physician in, 215
- discrediting testimony, 216
- Criminal malpractice, 223
- Critical cases, demeanor in, 261
- Culbertson, 231
- DAILY office journal, 157
- Death, 274
- Decisions, quick, 38
- Declarations, dying, 215
- Demeanor in critical cases, 261
- toward nurses, 193
- Demosthenes, 34
- Department stores, care of employees, 125
- Diagnosis, 261
- deciding upon, 267
- method of making, 261
- understanding of, by patient, 269
- Disability insurance, 282
- Discoveries, new, 37
- Dishonesty, 15
- Dress, proper, 34, 35
- Drug habit, 38
- Drugs, office dispensing of, 144
- Dunglison's definition of temperament, 28
- Dying declarations, 215
- EMPLOYEES of banks, care of, 126
- of department stores, care of, 125
- of factories, care of, 127
- of mines, care of, 133
- of railroads, care of, 128
- of street car companies, care of, 130
- Energy, 104
- English, use of, 32, 33
- Environment, 25
- and heredity, 26
- Ethics, 232
- of American Medical Association
- principles of, 250-260
- Examination of patients, 47
- Experience, mill of, grist from, 288
- Expert, essentials of, in malpractice suit, 214
- witnesses, 216
- Express contract, 220
- FACTORIES, care of employees, 127
- Faith, 48
- in chronic case, 49
- Farrington, 297
- Fees, 53
- law in regard to, 228
- liability of other persons for, 229
- Flattery, 59, 60
- Flint, 272
- Fraternal societies, 108
- Friends, loyalty to, 18
- GOE, 114
- Good cheer, 21
- fellow habit, 39
- nature, 21
- Graduate nurse in hospital practice, 197
- in private practice, 197
- Gratitude, 54
- Greeley, 70
- Grist from the mill of experience, 288
- HABITS, 37
- drug, 38
- good fellow, 39
- of regularity, 38
- Health and hobbies, 283
- Helps, 114
- Heredity and environment, 26
- Hobbies, 283
- and health, 283

- Honesty, 15
 Hospital, advertising by means of, 112
 and physician, 183
 anesthetist in, 132
 practice, graduate nurse in, 197
 Hotels, advertising by means of, 109
 practice in, 115
 Houses, commercial, care of employees, 125, 126
 Hubbard, 26, 69, 100, 297
 IMPLIED contract, 220
 of physician, 221
 when bound, 222
 when not bound, 221
 Impressions created by office, 43
 Income, changing ability into, 98
 Incurable diseases, prognosis in, 274
 Industrial accident insurance companies, care of patients for, 121
 Insincerity, 14
 Instruments for office use, 143, 144
 Insurance, disability, 282
 liability, 282
 life, 277
 malpractice, 210, 213
 Integrity, 15
 Investments, 169
 first, 171
 method of making, 173
 JAMES, 105, 297
 Journals, medical, 152
 KNOWLEDGE other than medicine, 105
 LABORATORIES, position in, 131
 Lackenbach, 297
 Language, 32
 Law and physician, 210
 Learn from life, 63
 Liability insurance, 282
 Liar, 14
 Library, 151
 Life insurance, 277
 companies, examination of
 patients for, 124
 learn from, 63
 Liquor, use of, 39
 Location, choice of, 65
 how to make, 70
 Loyalty, 17
 as asset, 18
 to friends, 18
 MALPRACTICE, civil, 223, 224
 criminal, 223
 insurance, 210, 213
 suit, essentials of expert, 214
 how to avoid, 210
 to prepare defense in, 213
 Management of office, 138
 Marden, 285
 Mark Twain, 29
 McCaskey's practical office system, 161, 163
 Medical bag, 153
 of city use, 154
 journals, 152
 Society, 88
 Medicine, knowledge other than, 105
 practice of, object of, 243
 Meeting people, 89
 Memory, 30
 aid to, 32
 development of, 30
 Mens sana in corpore sano, 28
 Mill of experience, grist from, 288
 Mind, open, 37
 Mines, employees of, care of, 133
 Mitchell, (E.V.), 33, 215
 Mitchell (S. Weir), 264
 Money, investment of, 169
 Münsterberg, 12
 NARROWMINDEDNESS, 35
 Nature, good, 21
 Neatness, 34
 Negligence, 223, 224
 contributory, of patient, 223
 New patients, method of handling, 45
 strangeness of, 45
 Newspapers, advertising by means of, 110

- Nurse and physician, 193
 demeanor toward, 193
 graduate, in hospital practice, 197
 in private practice, 197
 office, 148
 practical, 199
 visiting, 198
 working, 198
 Nurses, 206
- OBSTETRICAL bag for country use, 155
- Office attendant, 148
 dispensing of drugs, 144
 equipment, 138
 attendant, 148
 automobile, 150
 consultation room, 140
 dispensing of drugs, 144
 instruments, 143, 144
 library, 151
 medical bag, 153
 journals, 152
 nurse, 148
 operating room, 141
 periodicals for reception room,
 152
 personal cards, 145
 reception room, 139
 signs, 145
 stationery, 146
 telephone, 146
 treatment room, 141
 impressions created by, 43
 management, 138
 nurse, 148
 stationery, 146
 systems and accounts, 156
 card system and special daily
 chart method, 157
 daily office journal, 157
 McCaskey's, 161, 163
 pocket visiting list, 156
- Operating room in private practice,
 141
- Osler, 69
- Overdress, 35
- PAPERS, advertising by means of,
 110
- Patients and physicians, 204
 classes of, 42
 confidence of, 42
 contributory negligence, 223
 duty of physician to, 210
 examinations of, 47
 how to attract, 41
 to hold, 41
 new, method of handling, 45
 strangeness of, 45
 representations of physicians to,
 228
- Periodicals for reception room, 152
- Personal appearance, 34
 cards, 145
- Personality, 11
 and temperament, difference
 between, 12
 definition of, 11, 12
 development of, 12
 essential to success, 11
- Pharmacist and physician, 183
- Physician and hospital, 183
 and law, 210
 and nurse, 193
 and patient, 204
 and pharmacist, 183
 duty of, to patient, 210
 implied contract of, 221
 when bound, 222
 not bound, 221
 in court, 215
 discrediting testimony, 216
 representations of, to patient, 228
- Pocket visiting list, 156
- Practical nurse, 199
- Practice, contract, 246
 of medicine, object of, 243
 various forms, 115
- Precedent, 35
- Prescriptions, writing of, 187
- Principles of medical ethics of American Medical Association, 250-260
- Professional salesmanship, 57

- Prognosis, 271
 in incurable diseases, 274
 stating of, 261
Psychology, 63
- RAILROADS, care of employees, 128
Reception room, 139
 periodicals for, 152
Reliability, 40
Religion, value of, to afflicted, 275
Rest, 39
Rockefeller, 171
Room, consultation, 140
 operating, in private practice, 141
 reception, 139
 periodicals for, 152
 treatment, 141
Roosevelt, 13
Rounder, 49
- SAGE, 171
Salesmanship, professional, 57
Self-confidence, 23
Selling yourself, 57
Ships, practice on, 134
Signs on office, 145
Sincerity, 13
Sleep, 39
Smiling, 21
Smith (Adam), 243
Societies, advertising by means of,
 107
 beneficial, care of members, 135
 fraternal, 108
Stationery, office or business, 146
- Stores, department, care of employees,
 125
Street car companies, care of em-
 ployees, 130
Success, personality essential to, 11
Surgical bag for country use, 155
- TELEPHONE, 146
 book, advertising by means of, 110
Temper of witness or expert, 220
Temperament, 28
 and personality, difference between,
 12
 Dunglison's definition, 28
Temptations, 37
Testimony, discrediting of, of physi-
 cian in court, 216
Thrift, 169
Tillotson, 14
Tradition, 35
Transient patients, 150
Treatment room, 141
Trust, 48
Truth, 205
- VACATIONS, 283
Vices, 37
Visiting nurse, 198
- WEBSTER's definition of personality,
 11
Whitehead, 98
Witnesses, expert, 216
Woolworth, 171
Working nurse, 198
Writing of prescriptions, 187